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ABSTRACT

The book was designed to be a reference material as part of a comprehensive sex education program or as a family resource book. The language and syntax of the book as well as the line drawing illustrations are geared specifically for hearing impaired young people and others whose need for information on human sexuality may be more advanced than their reading and language skills. The 22 chapters are divided into six units on sexual identity, sexual growth, sexual behavior, conception and reproduction, sexual health, and relationships, respectively. Individual chapters have the following titles: "Who Am I?" "Making Decisions," "Becoming an Adult," "Sexual Anatomy," "Menstruation, or Periods," "Social and Emotional Development," "Sexual Stimulation," "Expressing Sexuality," "Sexual Intercourse," "Conception and Pregnancy," "The Birth of a Baby," "Genetics and Inherited Traits," "Decisions about Sexuality," "Methods of Contraception," "Sterilization," "Abortion," "Keeping Healthy," "Sexually Transmitted Diseases," "Sexual Abuse and Sexual Assault," "Building Relationships with Others," "Teenage Pregnancy," "Marriage and the Family." A glossary defines 175 terms and expressions. Suggested supplementary materials include 23 books for preteens and teenagers, 10 books for children age 7-10, 11 free and inexpensive materials, five information pieces for reluctant or limited readers, and 13 books for parents. (DB)

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Information on Sexuality

for Young People and Their Families

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INFORMATION ON SEXUALITY FOR YOUNG PEOPLE AND THEIR FAMILIES

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Comfort, Alex, and Jane Comfort, *The Facts of Love.* New York: Crown Publishers, Inc., 1979.
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INFORMATION ON SEXUALITY
FOR YOUNG PEOPLE AND THEIR FAMILIES

FOREWORD

Schools were invented to assist families in the important task of educating their children for productive, happy, and responsible adulthood. A good school is constantly aware of the differences among family value systems, and of the right of parents to pass their values to their children. Ideally, the home and the school work together to support the growth of intellect and character in young people—complementing, not replacing or competing with each other. Everything students learn, including information on sexuality, is processed in light of the family standards they bring with them to school.

Parents make an important statement when they send their teenagers to a school that supports strong family values. A good school sex education program says to students, "Your parents value your understanding of your own sexuality. They have encouraged your school to provide you with appropriate instruction and an opportunity to discuss and understand sexuality in your own peer group setting."

Information on Sexuality was designed as a reference material to be used as part of a comprehensive sex education program, or as a family resource book. These materials were developed to help schools fulfill their obligation to support the value systems and the standards of individual families. At any point when information in this book conflicts with the preferred teachings of the family, parental values must take precedence.

The language and syntax of this book are geared specifically for hearing impaired young people and others whose need and capacity for information on human sexuality may be more advanced than their reading and language skills. Even so, readers may sometimes be confused by information provided in the book. If this should happen to you, it is important to discuss your questions with a teacher, counselor, parent, or other adult to make sure the information you get is clear and accurate.

The book was developed to provide information that most teenagers need, but that many find confusing. We hope it will help expose harmful myths about reproduction and anatomy, promote understanding between young men and women, emphasize the importance of human relationships, and encourage responsible decision making in matters of sexuality.

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Washington, DC

Unit I. Sexual Identity

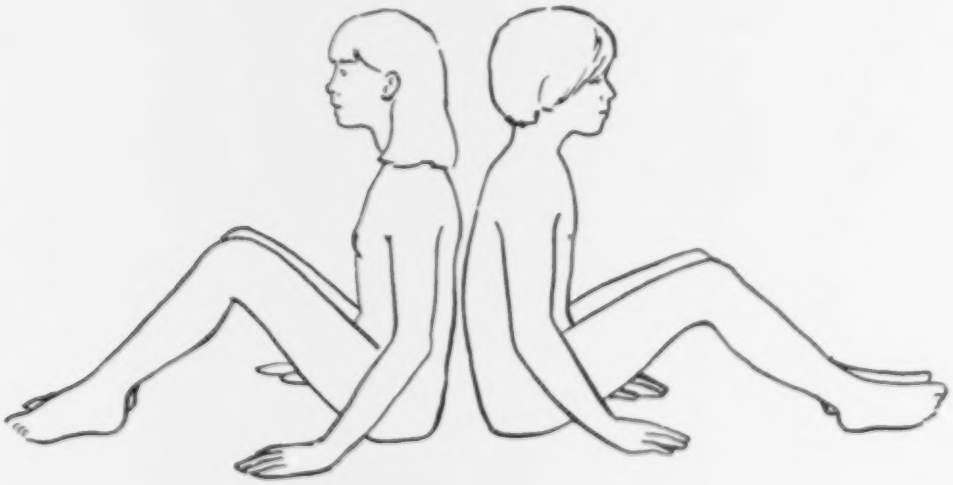
CHAPTER 1. WHO AM I?

When a baby is born, the parents are likely to treat it in a certain way, depending on whether it is male or female. The way they communicate with the baby tends to indicate "you are a boy," or "you are a girl." When the parents communicate and interact with the baby, they help the child develop an individual sexual identity, either as a boy who will become a man or a girl who will grow into a woman.

Sexual Roles

Sexual role is the way a person behaves, either as a boy or girl, man or woman. Children learn early which sexual roles the culture expects of them. They learn how to walk, talk, dress, feel, play, behave, and even to think as girls or boys. For example:

- Girl babies wear pink clothes.
- Boy babies wear blue clothes
- Parents talk more to girls.
- Parents touch girls more.
- Parents play more roughly with boys.



Sexual Orientation

Sexual orientation means the way individuals prefer to express their sexuality. People are either oriented to sexuality with members of the opposite sex, or with members of their own sex, or with people of either sex. Sexual orientation seems to be established when children are very young.

Very young babies begin to express their sexuality either heterosexually, homosexually, or bisexually. No one really knows why people are heterosexual, homosexual, or bisexual. This subject will be discussed more in the chapter on sexual behaviors.

How Do Children Learn about Sexuality?

How does a child learn about being a boy or girl; that is, how do children learn about their own sexuality?

- Experience: the things they do and the things that happen to them.
- Interactions with others: talking or signing, listening to other people talk, watching other people signing.
- Reading, television, and movies.
- Watching the behavior of others, especially parents.

Who teaches children about sexuality?

Children learn about their sexuality from many different people, including:

- Parents, brothers and sisters
- Friends
- Ministers, priests, rabbis
- Teachers, counselors
- Doctors and nurses
- Neighbors and relatives

Attitudes and Values about Sexuality

As children learn about sexuality, they begin to develop attitudes (feelings) and values (beliefs) about themselves as boys or girls.

Each person has attitudes and values about sexuality. Those attitudes and values are passed along by family members, friends, religious groups, school, and community. They are also influenced by television, movies, and reading.

Sometimes people have the same attitudes and values about sexuality as the other people around them. Other times their attitudes and values may be different. It is important for people to respect each others' values and attitudes.

Individual attitudes

Most people agree that attitudes come from life experiences, which begin with the family. Families communicate their values and attitudes to their children. As children grow older, they begin to be influenced by and to have influence on their friends and peers. The larger society (school, religious groups, media) also influences people as they are developing their own individual attitudes and values.

Societal attitudes

Society communicates a lot of different values about sex, including:

- It is good to care about someone.
- It is not good to use other people or take advantage of them.
- It is not a good idea for teenagers to become pregnant.
- Babies deserve to be born to loving and secure parents.
- Sexual intercourse is an expression of an important relationship between two people.
- Every relationship involves responsibilities and consequences.

CHAPTER 2. MAKING DECISIONS

People make decisions every day. Some decisions are important, some are not, but decision making is a daily part of life. With family, friends, and society affecting your attitudes and values, how can you know what is really right for you? How can you make good decisions? What do you need to make decisions?

Anyone making decisions needs to know several things:

- Information: What do family, friends, and society tell you? Where else can you learn more about the subject?
- What are your options or choices?
- What are the probable consequences of each choice?

Decisions Have Consequences

A consequence is what happens as a result of an action. Consequences can be either positive (+) or negative (−), or both.

Every decision has possible consequences. A good way to think about any decision is to look at the possible consequences first. Ask yourself whether you want those consequences to happen. If the answer is no, then you need to look at another option or choice.

This is the way it works:

QUESTION + DECISION = BEHAVIOR = CONSEQUENCES

INFORMATION + CHOICE = ACTION = CONSEQUENCE (+ OR −)

The Decision-Making Process

People often make quick decisions and then do not like the consequences. There are steps you can follow to help you make good decisions.

1. Identify the question.

What do you need to know? What is your exact question?

2. Collect information about the question.

Talk with parents, friends, clergy, counselors, and teachers.
Read everything you can find about the question.
Get different points of view.
Expect to find conflicting information!

3. Identify your choices, options, and alternatives.

What can you do? What are the different choices?

4. Evaluate all the consequences.

Which possible consequences are good (+) and which are bad (−)?
Which consequences do you want and which do you want to avoid?

5. Make a decision.

After evaluating the choices and their consequences, make a decision.
Promise yourself that you will try to do the right thing. Later, you may find that you made the right decision even though other people disagreed. Or you may find that you made the wrong decision even though other people agreed with you.

6. Re-evaluate the decision.

Some time later you may wish to look again at your decision and ask yourself: "Was that a good decision?" "Is what I decided then still right for me now?" You usually cannot change a decision you have already made or its consequences. But you can learn from your choices and be able to make better decisions in the future.

Making Your Own Decisions

Here is a sample decision many young people have to make. See how you can use the steps to make a decision.

1. Identify the question.

Shall I go to a party at my friend's house, even though I know my friend's parents won't be home?

2. Collect information.

What is the reason for the party?
Who else will be there?
How well do I know these people?
Are they the kinds of people my parents want me to be with?
Do I want to be friends with these people?
Will there be alcoholic beverages at the party?
Is it likely that people will use drugs at the party?
Will I have to lie to my parents about what happens at the party?
How will they feel if they find out?
Will I lose my friend if I don't go?
How will I feel about myself if I go to the party?

3. Identify the options.

I could go to the party.
I could stay away.
I could drop in for a few minutes, just to see what's happening.
I could go, but leave if any problems developed.
I could go and be friendly, but avoid drugs and alcohol.
I could go, do whatever anybody else does, and lie to my parents if necessary.

4. Evaluate the consequences.

I might have a good time at the party.
I might have a terrible time.
I might lose my friend if I don't show up.
My parents might be very upset if I go to the party.
I might get into trouble.
I might feel guilty if I did drugs or alcohol.

5. Make a decision

Your decision should be based on what is right for you now and in the future.
You should not just ask youself, "Do I want to go to the party?"
It might be better to ask "Is it a good idea for me to go to the party?"

6. Re-evaluate the decision.

You might want to review your decision again later.
You might be proud of your decision, or you might wish you had decided differently.
You might learn something that will help you make later decisions.

Making Mistakes

Everybody makes mistakes. Making mistakes is a normal part of growth. People can learn from their mistakes. It is important to admit to yourself and others when you have made a mistake. Then you can start the whole process over again. Look again at your choices and the consequences, then make a different decision.

"Do I want these consequences?"

Remember that no two people are exactly alike and no two people agree or disagree on all the same things. Maturing or growing up means becoming an independent individual who is different from everyone else.

If your decisions work for you and are helpful to you, you can be proud of them. But if you find that your decisions hurt you, or cause problems for other people, it may be time to look again at what you are doing. Thinking about what is best for you also means thinking about other people in your life. This is called being considerate and respectful of others.

Unit II. Sexual Growth

CHAPTER 3. BECOMING AN ADULT

The human body is always changing. Change happens during each stage of growth and development. During adolescence, many changes take place very rapidly. Some of those changes can be scary; others are exciting. These changes and the feelings that go with them are normal parts of growing up.

Every teenager has questions about sexual growth. Will my breasts grow larger? Is my penis too small? Why do boys get erections? Why do girls have periods? How does a baby get inside a woman and how does it get out?

These are all good questions. People ask questions because they are interested and need to know the answers. Asking questions is the first stage in learning.

Stages of Growth

Human physical and emotional growth has eight stages. All the changes are normal parts of growing up. Everyone grows and ages at a different rate, but the stages of normal growth are roughly as follows:

- Infancy, from birth to two years old.
- Toddler, from three to four years old.
- Preschool, from five to six years old.
- School age, from seven to 11 years old.
- Adolescence, from 12 to 19 years old.
- Young adult, from 20 to 35 years old.
- Adult, from 36 to 70 years old.
- Older adult, from 70 until death.

This chapter deals mostly with adolescence and the physical and emotional changes that take place during that time. This information may answer many of your questions about sexual growth.

Adolescence or Puberty

Adolescence is the time between childhood and adulthood, usually the years between 12 and 19. It is a time of rapid physical and emotional growth and change. This time is called by different names, including puberty and adolescence. The words "teenager" and "adolescent" are used for individuals in this age group.

Puberty means the process of growing physically from a boy or girl to a man or woman. The child's body changes and becomes an adult body. Puberty begins at different times for different people, and may last for one or two years or longer. In recent years, puberty has been starting even earlier than age 12 for some young people.

When does it happen?

For girls, puberty may begin at age 10 or 11. Some girls begin puberty even younger, and some girls start a little later. That is OK! Girls usually begin puberty before boys do.

For boys, puberty usually begins at about 12 or 13. Some boys may begin puberty before this age, others begin a little later. That is OK! Boys usually start puberty a little later than girls and continue longer.

Hormones: Telling the Body What to Do

Puberty begins when the body starts making certain chemicals, or hormones. The body has many different glands. Some of the glands make hormones that control growth, influence the emotions, and keep the body working well. The hormones travel in the blood throughout the body.

The hypothalamus is a gland located in the brain. It makes a hormone that influences another gland in the brain, the pituitary gland. The pituitary gland then signals the sex glands to start making sex hormones. Sex hormones influence sexual growth and development.

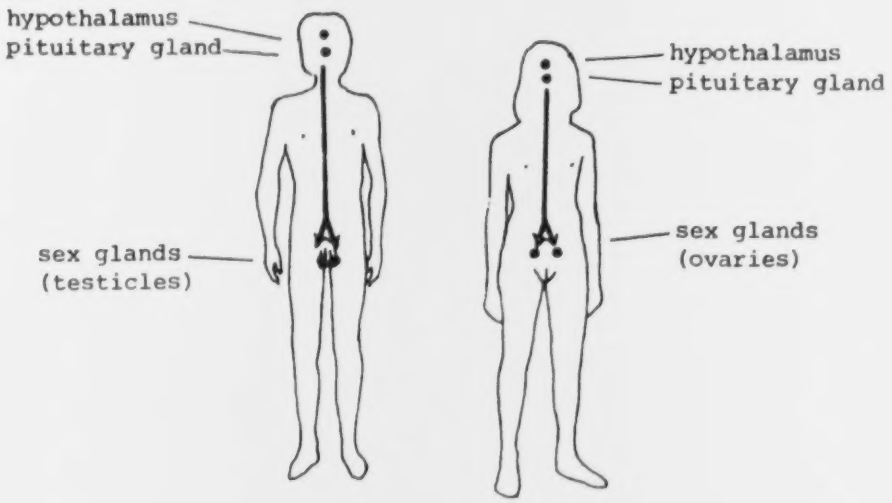


Figure 3A. Hormones from the brain trigger the production of sex hormones.

Male hormones

Male hormones are called androgens. The primary male sex hormone is called testosterone. It is made in the testicles. Other male sex hormones are made in other glands in the body.

Female hormones

Female sex hormones are called estrogens. The most important hormone for reproduction is called progesterone. Progesterone is made in the ovaries. All boys and girls have both androgens and estrogens in their bodies. This is normal.

Physical Changes At Puberty

You know that males and females, boys and girls, are different from each other in many ways. In most ways, all human beings are very much alike. The same kinds of changes that affect one sex also affect the other. If girls and boys think about their similarities, rather than their differences, it is easier for them to understand each other.

Sex glands

Most male sex glands are located in or near the testicles. Most female sex glands are in the ovaries. Sex glands make the special chemicals called sex hormones. Those hormones, made by the sex glands, cause the body to change and mature. A boy's body becomes a man's body, a girl becomes a woman.

Acne and other skin problems

During puberty the skin begins to thicken. Oil glands located below the surface of the skin begin to make more oil. Sometimes those glands become clogged with oil. When this happens, blackheads and pimples (zits) may develop. They may appear on the face, back, or chest. Both boys and girls get pimples.

This condition is called acne. There are medications that can help with acne problems. You can buy some of these medications at a drug store. Teenagers who have serious acne problems may want to see a skin doctor, called a dermatologist. The dermatologist can help get rid of the acne and keep the skin clearer and healthier.

Sweat glands

During puberty glands in the skin begin to release more perspiration or sweat. The sweat can create odors, especially under the arms and near the genitals. Washing and taking a bath or shower every day helps keep the body smelling clean. Deodorants are also important to help both girls and boys smell good between showers.

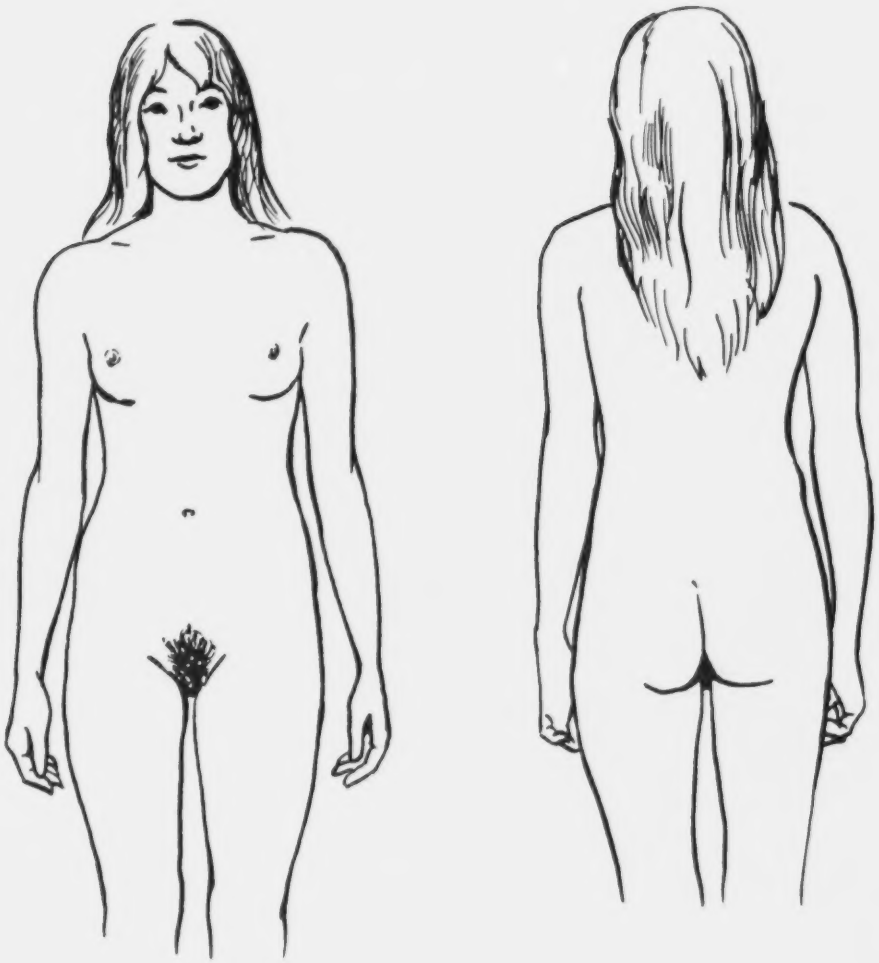


Figure 3B. Female growth during puberty.

Female Growth During Puberty

Facial bones grow and change.
Height and weight increase.
Upper arms, thighs, hips and buttocks may become rounder.
Voice deepens slightly.
Underarm and pubic hair appears.
Body hair increases.
Breasts and nipples begin to grow.
Genitals become fleshier and darker.
Vagina lengthens.

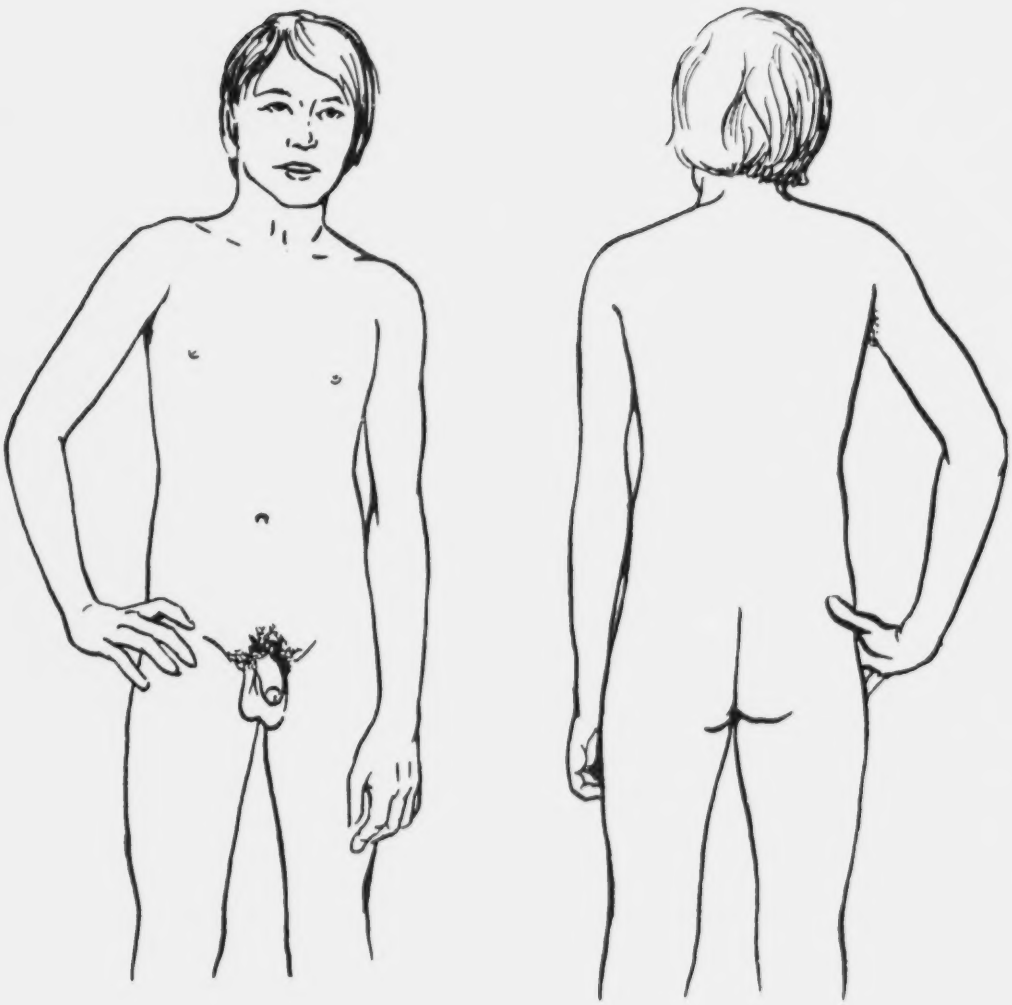


Figure 3C. Male growth during puberty.

Male Growth During Puberty

Facial bones grow and change.
Height and weight increase.
Male muscular patterns develop.
Voice begins to break, then deepens.
Arms, shoulders, and legs become thicker and more muscular.
Facial hair appears.
Underarm and pubic hair appears.
Body hair increases.
Genitals become larger and darker.

CHAPTER 4. SEXUAL ANATOMY

Sex organs are found both inside and outside the body. Figure 4A illustrates the male sex organs and their locations.

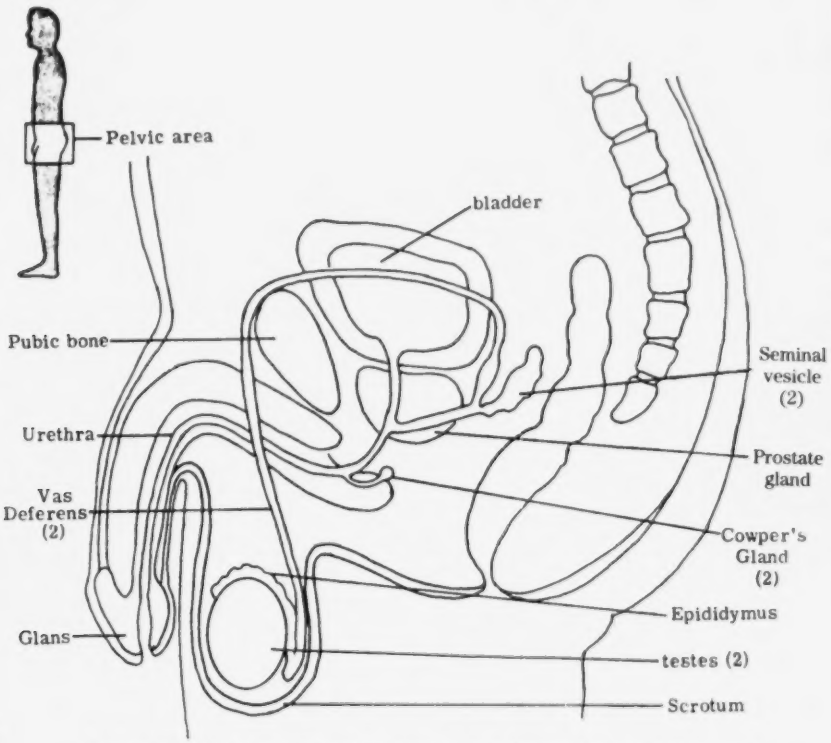


Figure 4A. Male reproductive organs are located in the pelvic area.

External Male Sex Organs

Scrotum

The scrotum is a bag of skin that hangs at the front of the crotch in the male body. The scrotum holds the two testicles and keeps them at exactly the correct temperature. The scrotum controls the temperature of the testicles by moving closer to the body when it is too cold, and away when it is too warm.

Testicles

A boy or man has two testicles, inside the scrotum. The testicles make sperm cells for reproduction, and the male sex hormone, testosterone. The testicles must stay at a temperature of about 97 degrees. If they become too cold or too warm, new sperm cannot develop inside the testicles. Older sperm cells may die. Figure 4B shows the inside of a testicle.

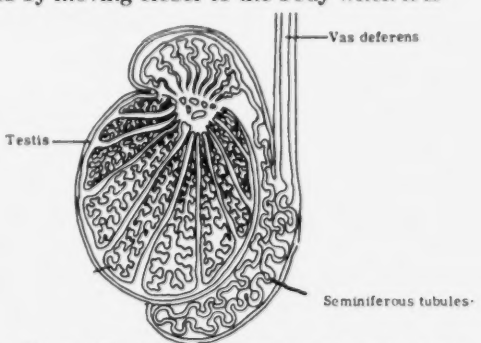


Figure 4B. Sperm are produced inside the testicles.

The testicles make millions of sperm cells every day. Most boys begin to make sperm at puberty. Most men continue to make sperm for as long as they live.

Penis

The penis hangs in front of the body over the scrotum. Inside the penis are three spongy tubes. When a male becomes sexually excited, the tubes fill with blood. That makes the penis erect or hard. Most mature penises are five to seven inches long when erect. Some are smaller, some are larger. The penis has several purposes:

- Men and boys urinate through the penis.
- The penis is used for sexual intercourse and reproduction.
- Many boys and men masturbate the penis because it feels good.
- Ejaculate ("come") containing sperm cells is expelled through the penis. (The functions of urination and ejaculation cannot occur at the same time.)

Figure 4C shows an erect or hard penis and 4D shows a flaccid or soft penis. They are both healthy and normal. This penis is not circumcised, so the head is covered by a foreskin.

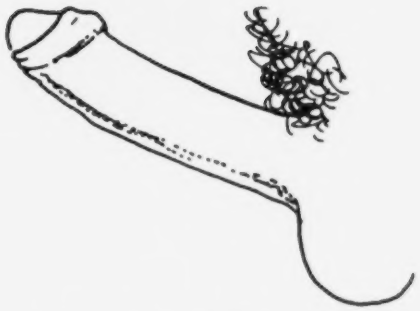


Figure 4C. The penis fills with blood to become erect.

Figure 4D. Usually the penis is soft.

Glans of the penis (head)

The tip or head of the penis is called the glans. The glans has many nerve endings. Touching the glans usually feels very good to a boy or man, and may cause the penis to become erect.

Circumcision:

When a baby boy is born, the glans of the penis is covered with a loose fold of skin called the foreskin. Many parents choose to have that skin cut away. The operation is called circumcision. It is usually done a few days after birth. Circumcision is done for two major reasons:

- Health—many people think it is easier to keep a circumcised penis clean.
- Religious—some religions have a tradition of circumcising baby boys.

Figure 4E shows a circumcised penis; the penis in 4F is uncircumcised. Both are healthy; the only difference is that the foreskin of the penis on the left (Fig. 4E) was removed during circumcision.

Figure 4E. The circumcised penis has the foreskin removed.

Figure 4F. This penis is not circumcised.

Sperm cells

The testicles produce millions of sperm cells every day. The sperm are made in the seminiferous tubules of the testicles. The seminiferous tubules are more than a quarter mile in length. Each sperm cell takes about 64 days to mature.

Each sperm is one small cell. Figure 4G is a picture of a mature sperm cell. Sperm cells contain tiny structures that can help determine the physical characteristics of a baby. Those structures are called chromosomes. The chromosomes are made up of even smaller structures, called genes. Each sperm cell has 22 different chromosomes.

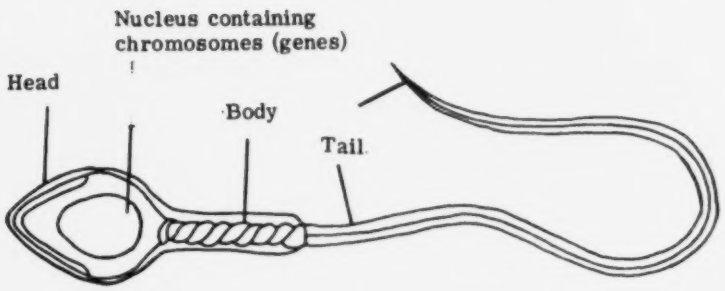


Figure 4G. A mature sperm cell.

Semen

Semen is a mixture of sperm cells and liquids from the prostate gland and the seminal vesicles. It is a white or milky liquid that squirts forcibly out of the penis after sexual stimulation. Ejaculation, when the semen leaves the penis, is part of a process called orgasm.

Internal Male Sex Organs

The internal male sex organs are all located in the pelvic area. The major purpose of all the male reproductive organs is to make semen, to protect it, and to carry it through the penis and outside the body. All of the internal organs illustrated in Fig. 4H are described below.

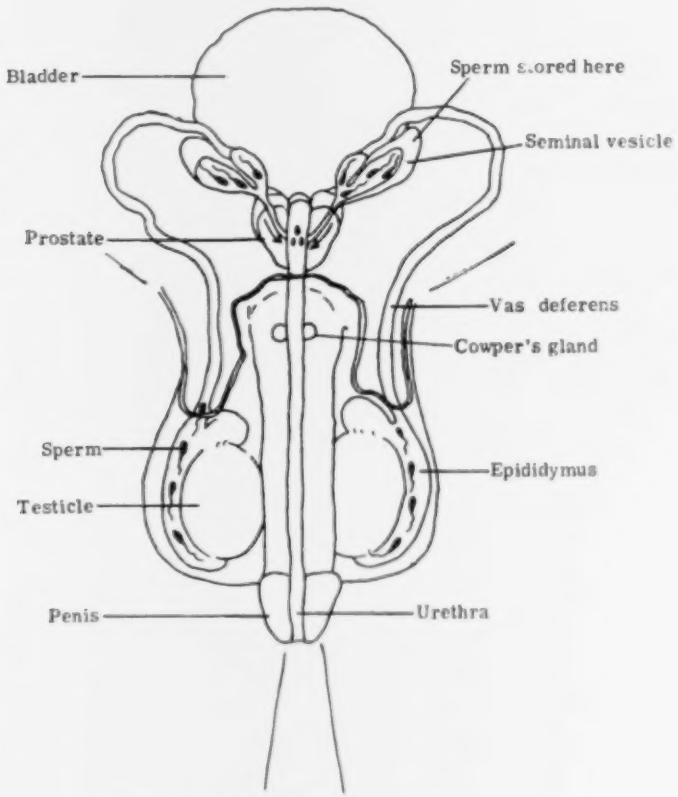


Figure 4H. Internal male sex organs.

Epididymides

There are two epididymides, one on top of each testicle. They are long tubes, each about 20 feet long when they are unwound. They provide a place for the sperm cells to mature.

Vas deferens

The two vas deferens are shorter tubes that carry the mature sperm cells from the epididymides to the seminal vesicles.

Seminal vesicles

There are two seminal vesicles, one at the end of each vas deferens. The seminal vesicles make a white liquid. That liquid mixes with the sperm. It serves as food for the sperm and helps them move.

Prostate gland

The prostate gland is a large, rounded gland that also makes a whitish fluid that mixes with the sperm.

Urethra

The urethra is the central tube through the penis. Semen and urine leave the body through the urethra. Semen and urine cannot go through the urethra at the same time. Muscles control which liquid goes through the penis.

Cowper's glands

The two Cowper's glands make a clear liquid that helps lubricate the head of the penis, and that cleans the urethra for the semen to pass through. This liquid usually oozes out of the penis during sexual excitement. The liquid contains sperm, and it can cause pregnancy.

External Female Sex Organs

The female sex organs are also found inside and outside the body. Figure 41 shows the external female sex organs.

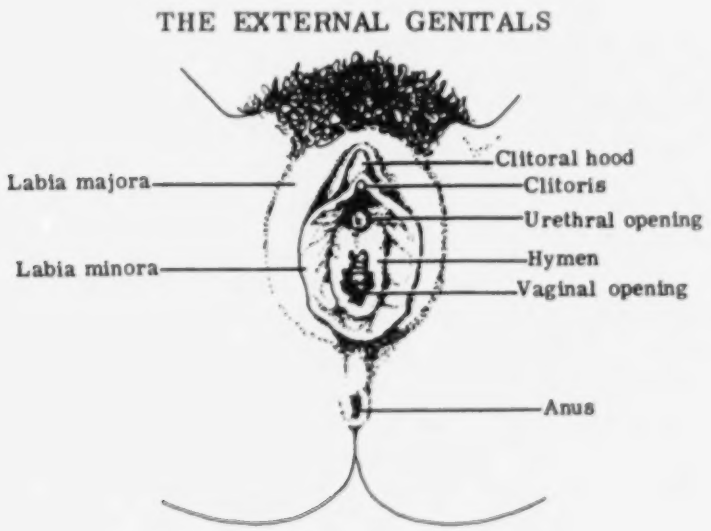


Figure 41. External female sex organs.

Vulva

The vulva is the collective name for the external female organs. It is made up of the mons veneris, the major and minor lips, the clitoris, and the vaginal opening.

Mons veneris (mount of venus)

The mons veneris is a mound of fatty tissue located over the front portion of the pubic bone. After puberty, it is covered by pubic hair.

Labia majora (outer lips)

The outer lips are two heavy pieces of skin and fatty tissue that form the outer, protective parts of the vulva. After puberty, they are covered with pubic hair.

Labia minora (inner lips)

The labia minora are two thin, delicate pieces of tissue found inside the outer lips. They have many blood vessels and nerve endings. The minor lips also form the clitoral hood, which encloses the clitoris.

Clitoris

The clitoris is found below the lower edge of the mons veneris where the minor lips meet. The clitoris is made of spongy tissue and has two tubes. The tubes fill with blood during sexual excitement. The clitoris has many nerve endings. Touching the clitoris is usually very pleasurable, and can lead the girl or woman to an orgasm (coming).

Vagina

The vagina is a muscular tube that leads from the vulva to the uterus or womb. It is about three and a half inches long. The vagina serves three major functions.

- The vagina receives the man's penis during sexual intercourse.
- During a woman's period, the menstrual flow leaves the uterus through the vagina.
- It is the birth canal. In a normal birth, the baby is born through the vagina.

Hymen

The hymen is a thin membrane or tissue that covers part of the opening to the vagina (see Figure 4J). The hymen usually has from one to several holes in it. The menstrual flow passes through these holes. The hymen can be stretched or torn by:

- Sexual intercourse
- Masturbation
- Wearing of tampons
- Rough play
- Horseback riding

It is normal for the hymen to be torn, during sexual intercourse if not earlier in a girl's life. It does not usually cause pain or other problems. It will not grow back again after it is torn. A virgin is any person, male or female, who has never had sexual intercourse. Even if the hymen is torn, a girl is a virgin until her first experience of sexual intercourse.

Figure 4J. Hymens do not all look alike. They are easily torn.

Internal Female Sex Organs

The internal female sex organs are all located in the pelvic area. All of the internal organs illustrated in Figure 4M are described below.

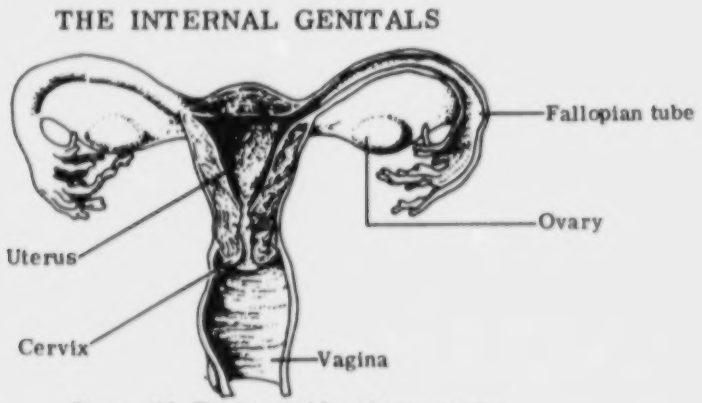


Figure 4M. The internal female sex organs.

Uterus (womb)

The uterus is a muscular organ located within the female abdomen, between and below the two ovaries. It is normally about three inches long and shaped like a pear turned upside down. The uterus has two main functions.

- It is the place where a baby develops and grows until birth.
- It creates the menstrual fluid.

Cervix

The cervix is a small opening at the bottom of the uterus. The cervix is very elastic to let things into or out of the uterus.

- Menstrual flow leaves the uterus through the cervix.
- The cervix expands to permit a baby to leave the uterus at birth.
- Sperm pass into the uterus through the cervix.

Fallopian tubes

The fallopian tubes lead from the ovaries to the uterus. The mature tubes are three to five inches long. They have two functions.

- They move eggs from the ovaries to the uterus.
- They provide a protected place where the egg and sperm can meet to form an embryo.

Ovaries

Women and girls have two ovaries, located on either side of the abdomen above the uterus, and connected to the uterus by the fallopian tubes. The ovaries are oval in shape and about one inch long, and have two functions.

- They produce and store the eggs.
- They contain glands that make female hormones.

Baby girls are born with about 400,000 immature eggs inside their ovaries. When a girl reaches adolescence, her ovaries still contain about 10,000 immature eggs. One or two eggs mature each month. A woman will use only about 400 mature eggs in her lifetime. The rest of the eggs will not mature and will be absorbed by the body.

Breasts

The breasts are also part of the female sexual system. Breasts contain milk glands that produce milk for human infants (see Figure 4K). The ability to make milk does not depend on the size of the breasts.

The size and shape of the breasts are determined by heredity. Figure 4L illustrates breasts of several different sizes and shapes; all are healthy and normal.

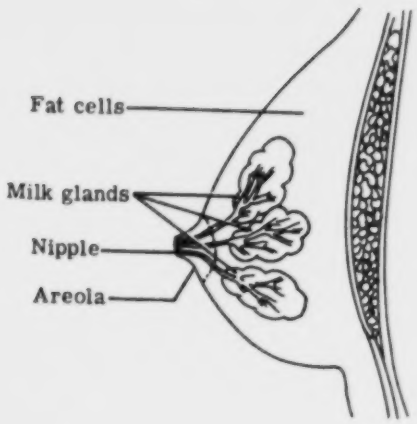


Figure 4K. Milk is produced in the breasts.

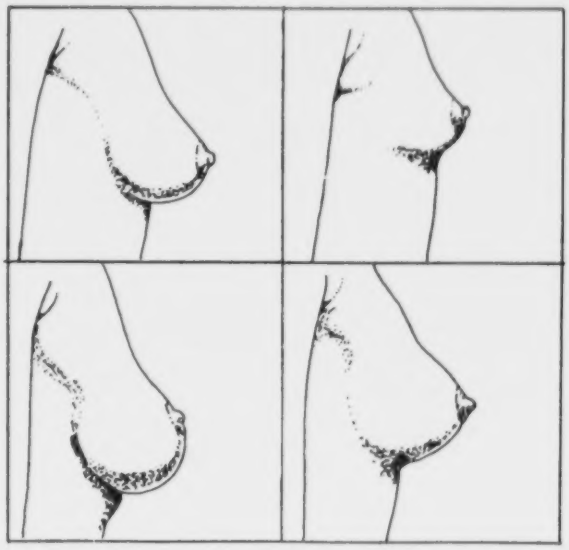


Figure 4L. Healthy human breasts.

CHAPTER 5. MENSTRUATION

Most girls begin to menstruate or have their periods between the ages of 11 and 13. Some girls may begin their periods at age nine or 10; others may not begin until 16 or 17. Any girl who has not started her periods by age 17 should see her doctor. Ovulation (the production of mature eggs) and menstruation mark the start of a woman's ability to reproduce. Most women can reproduce (have babies) from puberty into their early fifties.

The menstrual cycle takes place every month, and women menstruate during the first few days of each cycle. Menstruation usually occurs about every 28 days, and each period lasts from three to five days. Some irregularity is normal. The menstrual cycle may be affected by illness, drug use, or emotional problems.

During adolescence, menstrual cycles are often irregular. The periods may happen at different times each month, and last for varying lengths of time. Mature women tend to be very regular in their periods.

The Menstrual Cycle

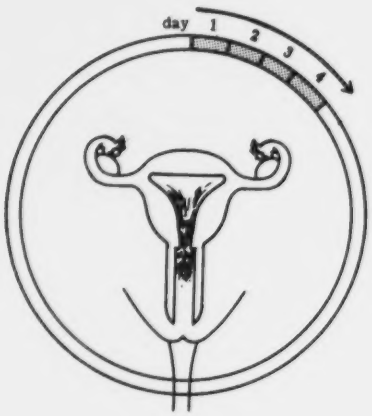


Figure 5A

- The lining of the uterus is shed.
- Menstrual fluid (blood) comes from the vagina.
- The girl or woman may have cramps during the period.
- The period lasts from three to five days.

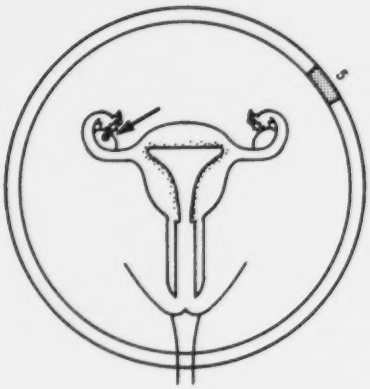


Figure 5B

- On about day five, a new lining begins to grow.
- A new egg begins to mature in one ovary.

Figure 5C

- 14 to 15 days before the next period, the egg leaves the ovary.
- It moves down the fallopian tubes to the uterus. It may be fertilized in the fallopian tubes.
- A new thick lining forms in the uterus to receive the egg.

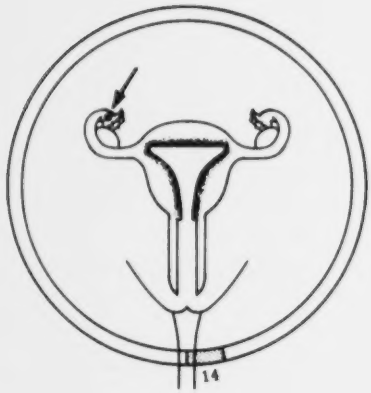
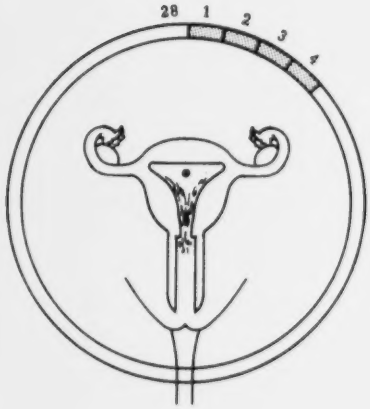


Figure 5D

- If the egg has not been fertilized, it is expelled, along with the uterus lining.
- If the egg has been fertilized, it stays in the uterus and begins to grow. There will be no regular period while the egg is growing in the uterus.



During the Period

Girls and women do not need to change their daily habits during menstruation. They can continue their regular activities, including sports and exercise. Cleanliness is also important, and daily bathing or showers should be continued.

Sanitary pads and tampons are used to collect the menstrual flow. A tampon (Figure 5E) is placed inside the vagina. It must be changed as needed, at least once a day.

Sanitary Pads (Figure 5F) are worn outside the body. The pad is held in place by a belt or by an adhesive strip that attaches to the girl's underpants. It must be changed at least once or twice a day, as needed.

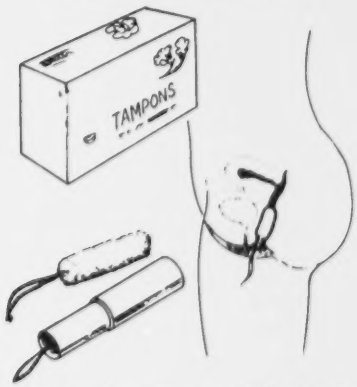


Figure 5E. A tampon is worn inside the body.

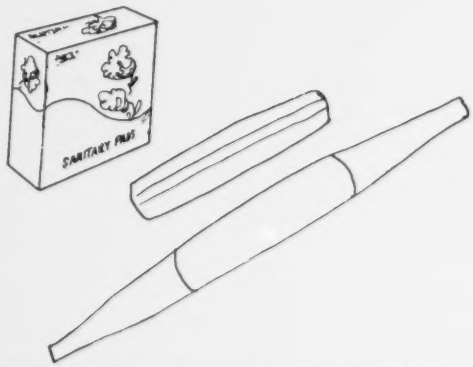


Figure 5F. Sanitary pads are worn outside the body.

Menstrual problems

Girls and women occasionally experience problems during their periods. The problems may include stomach cramps, backaches, headaches, irritability, or soreness around the breasts.

To help avoid menstrual problems, it is important to get enough exercise to strengthen the abdominal muscles, and plenty of rest and good food. Some women may take aspirins or other medications made especially for menstrual problems.

Sexual intercourse during menstruation

Sexual intercourse during menstruation will not harm either the woman or the man. It is possible for a woman to become pregnant during her period, if she has sexual intercourse. Birth control measures should be used.

Menopause

Some time between the ages of 45 and 55, a woman's menstrual cycle usually becomes irregular, and her periods gradually stop. This is called menopause. As in adolescence, hormones prepare the woman's body for the changes. Menopause usually lasts for about two years.

The end of her periods does not mean the end of a woman's sexual life. Women still have and enjoy sexual intercourse during and after menopause. A woman can still become pregnant during menopause, and for several months after her periods have stopped. By a year after her last period, the woman has stopped producing mature eggs, and will no longer be able to reproduce.

Problems of menopause

Most women have little trouble at this time as long as they continue their normal routines, getting plenty of rest and exercise and eating good food.

Other women may have problems during menopause, including headaches, dizziness, insomnia (inability to sleep), or depression. Some may experience sudden changes in body temperature ("hot flashes" or chills) and heavy perspiration. Hormone treatments, prescribed by a doctor, can help ease the symptoms of menopause.

CHAPTER 6. SOCIAL AND EMOTIONAL DEVELOPMENT

Many normal kinds of changes happen to teenagers during puberty. All adolescents grow and mature at their own pace, some earlier, some later.

Like physical changes, social and emotional development also occur during each stage of life, especially during adolescence, Each individual's social and emotional growth depends upon many different things, including:

- Age, race, and sex.
- Where you live and grow up.
- Family religion and values.
- Relationships with family members and friends.
- Types of work done by parents and other family members.
- Family educational and social background.

Growing to Adulthood

In the United Stages, 18-year-olds are legally adults. Adults have many choices. They can vote in elections. They can choose whether to continue going to school, and what kinds of jobs they want to do. They can choose their friends, and make other personal and sexual choices.

Some adults choose to get married; others choose to stay single. Some will decide to have children; others will not want children. Decisions about marriage and children are individual choices, and they can change.

Emotions are Real

Emotions are feelings, and they are very real! Emotions include such feelings as happiness, anger, fear, and sadness. Everyone, at every age, has feelings about many different people and things in life. Sometimes emotions come one at a time; at other times, several different feelings may come at once.

Feelings can change quickly or stay the same for long periods. Three common emotions associated with sexuality are love, jealousy, and embarrassment.

Loving someone

Love is one of the strongest emotions or feelings. Love means wanting to be close to someone, to care for and help that person. People show love in many different ways. Infants learn about love from the way their parents care for them. Children cannot grow and develop properly if there is no love in their lives. Love can last for a few minutes or for a lifetime.

Being jealous

Jealousy and envy are very much alike. Jealousy means wanting to keep something or someone all to yourself. Envy means wanting someone or something that belongs to somebody

else. You may be jealous if you feel that someone is trying to take away your friend. You may be envious if you think other people are better looking, smarter, or happier than you. Most people feel envy or jealousy sometimes.

Feeling embarrassed

People often feel embarrassed when they do the wrong things or find themselves in the wrong places. When people are embarrassed they usually feel awkward or uncomfortable. Sometimes people blush when they are embarrassed. Blushing means that extra blood goes to the head. The face gets pink and feels very warm. People usually try to stay out of situations they think will make them embarrassed.

CHAPTER 7. SEXUAL STIMULATION

The ability to become sexually excited is perfectly natural. It begins before birth and lasts until death for most people. Physical problems can interfere with natural sexual responses, and so can such psychological problems as fear or nervousness. Both males and females can become sexually excited when they:

- Think or dream about sex.
- See or hear sexy words or stories.
- See sexy pictures.
- Touch their own sex organs or those of another person.
- Are touched on the sex organs by another person.

When people are born, they are virgins. A virgin is any person, male or female, who has not yet had sexual intercourse. Once a person has had sexual intercourse, he or she is no longer a virgin.

Orgasm During Sleep

All people, male and female, have sexual dreams while they sleep. Sometimes a sexual dream may result in orgasm. Orgasms during sleep can happen to people of both sexes and at all ages. When a boy has an orgasm during sleep, it is usually called a "wet dream." Orgasms during sleep are normal for all people, and it is also normal to have sexual dreams that do not result in orgasm.

The Male Sexual Response Cycle

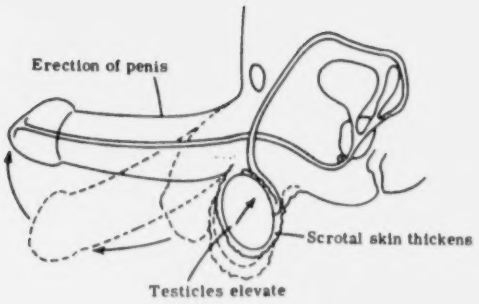
In males, continued sexual stimulation can lead to ejaculation. During ejaculation, semen squirts forcibly out of the penis. Males usually ejaculate when they have sexual intercourse, masturbate, or think or dream about sexual things. No one needs to teach a boy or a man how to get an erection or to ejaculate. Boys are born with this ability.

Most boys or men react to sexual stimulation in several normal steps, or stages. In sequence, these four general stages are called the male sexual response cycle.

1. Excitement stage: Sexual excitement begins.
2. Plateau stage: Sexual excitement increases.
3. Orgasm stage: Orgasm with ejaculation or "coming."
4. Resolution stage: Sexual tension decreases.

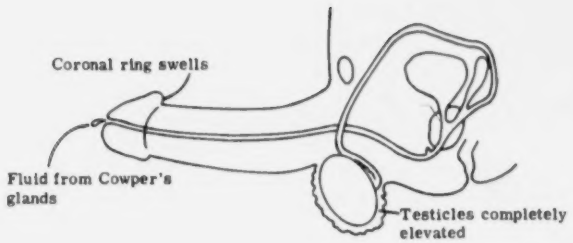
1. Excitement stage.

- The penis becomes hard and erect as blood enters the spongy tubes.
- The scrotum moves upward.
- The testicles move upward.
- Heartbeat, breathing, and blood pressure rates increase.
- The testicles become larger.



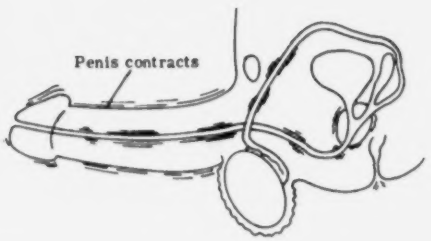
2. Plateau stage.

- The scrotum moves up toward the body.
- The testicles move up and rotate.
- The testicles increase in size, from a half size larger to double in size.
- Fluid from the Cowper's glands oozes from the penis.
- The rate of heartbeat, breathing, and blood pressure increase.



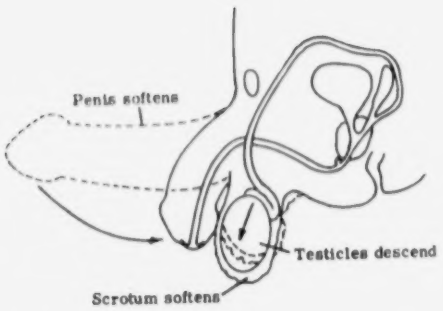
3. Orgasm.

- The penis, anus, and internal sex organs contract.
- The rates of heartbeat, breathing, and blood pressure continue to increase.
- Ejaculation (coming) occurs.



4. Resolution Stage.

- The penis softens, erection goes down.
- The testicles descend.
- The man may decide to rest or continue sexual activity.



The Female Sexual Response Cycle

Babies have the ability to become sexually excited soon after birth. That ability usually continues throughout life. Girls or women do not need to be taught how to lubricate or moisten the vagina or how to reach orgasm. They are born with those abilities.

Females normally react to sexual stimulation in several steps or stages. In sequence, those four stages are called the female sexual response cycle.

1. Excitement stage: sexual excitement begins.
2. Plateau stage: sexual tension increases.
3. Orgasm stage: orgasm (coming) occurs.
4. Resolution stage: sexual tension decreases.

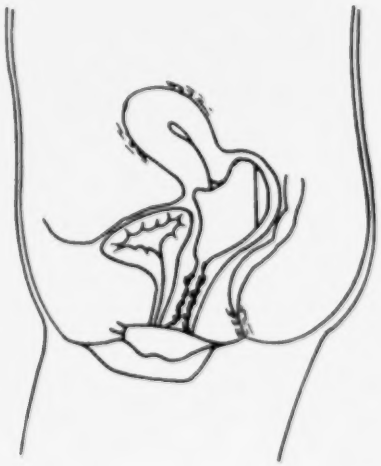
1. Excitement stage.

- The labia (outer and inner lips) become redder and thicker.
- The outer labia open.
- The vagina becomes lubricated (moist and slippery).
- The uterus begins to move upward.
- The clitoris begins to grow larger.
- Heartbeat, breathing, and pulse rates increase.

These changes occur because the blood supply to the pelvic area increases during this stage.

2. Plateau stage.

- The labia get redder and thicker.
- The inner lips grow two to three times larger.
- The uterus grows larger and moves higher in the abdomen.
- The clitoris moves up under the clitoral hood.
- The vaginal walls become a deep purple-red.
- The lower third of the vagina contracts, while the upper two-thirds expands.
- The breasts may increase in size.
- The heartbeat, breathing, and pulse rates continue to increase.



3. Orgasmic stage.

- The vagina, uterus, and anus contract strongly.
- Heartbeat, breathing, and pulse rate reach a peak.

4. Resolution stage.

- Body returns to normal.
- The woman may decide to rest or to continue sexual activity.

Unit III. Sexual Behavior

CHAPTER 8. EXPRESSING SEXUALITY

People express sexuality through their behavior. Individuals have the right and the responsibility to decide what kinds of sexual behavior are appropriate for themselves. But there are limits on sexual behavior, as there are on all other kinds of behavior. No one has a right to sexual behavior that infringes on the rights or the dignity of another person. People should also be aware of the social values, customs, and laws that affect sexual behavior.

Sexual Choices

People deal with their sexual feelings in different ways. Most people choose more than one kind of sexual behavior during a lifetime. Sexual behavior can change as the person grows older and as other circumstances change. There are several different types of sexual behavior.

- Some people practice abstinence, which means they refrain from any kind of sexual activity. These people have decided not to relate to others sexually, either as a personal choice or because they are involved in groups or activities that prohibit sexual behavior.
- Some people practice sexual self stimulation, or masturbation. They touch themselves for pleasure and to relieve sexual tensions.
- Some people have heterosexual relationships. They choose to have sexual relations with persons of the opposite sex. Many people have a sexual relationship with only one person; others may choose to have more than one sexual partner during a lifetime.
- Some people have homosexual relationships; they prefer to have sexual intercourse only with people of their own sex. Like heterosexuals, a homosexual man or woman may choose to have one or more partners.
- Some people have bisexual relationships. They prefer to have sexual relationships with people of both sexes.

Abstinence

Sexual abstinence means not having sexual intercourse. There are many reasons why people choose abstinence.

- Religious beliefs.
- Lack of interest in sexual activity.
- A feeling that one is not yet ready for sexual activity.
- Poor health.
- Fear of sexually transmitted diseases.

Abstinence does not harm people. Many adults may be abstinent at one or more periods of their lives, but not at other times.

Masturbation

Masturbation means touching the sexual organs for sexual pleasure. Most boys and girls (and men and women) masturbate at some time during their lives. People of all ages, married or single, may choose to masturbate or not; either way is normal.

People may become sexually excited for many reasons:

- Fantasies stimulated by pictures, books, movies, and other media.
- Dreams and daydreams.
- Closeness to other people they find sexually attractive.

People choose to masturbate for several reasons.

- To feel good; for sexual pleasure.
- To learn more about their bodies and themselves.
- To relieve sexual tension.

Many people choose not to masturbate, for other reasons.

- They may not enjoy it; it does not feel good to them.
- It may be against their personal, religious, or family values.
- They may prefer to express themselves sexually in other ways.

Fantasies, "daydreaming"

A fantasy or daydream is a kind of story or picture people imagine in their minds. You may daydream about winning the lottery or being very good at sports, or any other pleasant thing you want to happen. Most people, from time to time, have sexual fantasies or daydreams. Many people can become sexually excited during their daydreams. This is normal and healthy.

Fantasies sometimes help people plan for things that will happen, relive happy times, or review past events and decide how they might handle them in the future. Many people explore what they want and need through fantasies. Most fantasies are just for fun, but some come true. There is no reason to feel guilty about daydreaming or fantasies.

Dreams

Dreams are stories, pictures, or impressions that come to peoples' minds when they are asleep. Many dreams are sexually exciting, and everyone has sexual dreams at some time in their lives. It is very normal to dream. It is also normal to have sexual dreams that lead to orgasm, or "wet dreams." Both males and females can have dreams to orgasm, at any age. Most people dream every night, but usually do not remember their dreams. Dreams are not real, although they may be about real situations or people. There is no reason to feel guilty about any kind of dream.

Sexual Orientation

Sexual orientation means the kinds of people an individual is sexually attracted to. Most people are sexually oriented to people of the opposite sex, about their same age. Some people may be sexually oriented to older or younger people, people with certain kinds of physical characteristics, or people of their own sex or of both sexes.

Heterosexuality

A heterosexual person is either a man or a woman who prefers romantic or sexual relationships with people of the opposite sex. Heterosexual boys prefer girls; heterosexual girls are sexually oriented to boys. Heterosexual people are most likely to be sexually excited by thinking about or interacting with people of the opposite sex. Most people are heterosexual.

Homosexuality

A homosexual person is either a man or a woman who prefers to have romantic or sexual relationships with people of the same sex. Homosexual people are most likely to be sexually excited by thinking about or interacting with people of their own sex.

Bisexuality

Bisexual people are sexually attracted to people of either sex, and may be sexually excited by thinking about or interacting with either men or women.

Reasons for Sexual Orientation

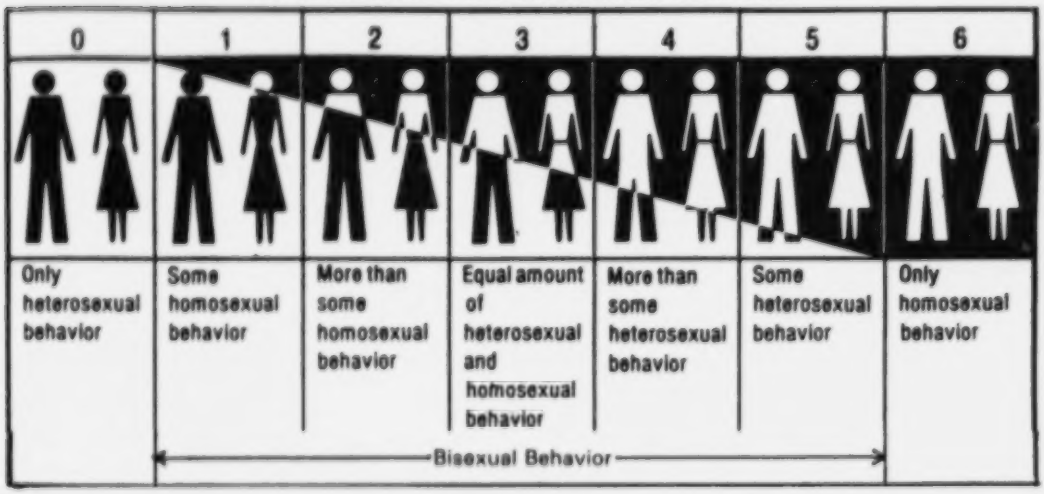
Many people are curious about homosexuality. No one really knows why some people are heterosexual while others are homosexual or bisexual. Theories of sexual orientation include the following:

- Influence of hormones or genetic inheritance.
- Family relationships, the influence of mother or father.
- Influence of friends, media, school, or other environmental factors.

These different theories result in the "nature vs. nurture" conflict. The "nature" half of the scientific world believes that people are born with their sexual orientation, and that it cannot be changed. The "nurture" theorists beleve that the influence of parents, friends, and experience determines an individual's sexual orientation. Most young people have homosexual fantasies or experiences while they are growing up. A person who has such fantasies or experiences is not necessarily homosexual, and will not become homosexual because of them.

There is a theory that people are homosexual or heterosexual from the beginnings of their lives. Most people who are homosexual report that they always felt different from most of their family and friends. People usually do not change their sexual orientation because of things that happen to them, or because of other people who infuence them.

HETEROSEXUAL AND HOMOSEXUAL BEHAVIOR



The Kinsey Scale of Sexual Orientation

Dr. Alfred Kinsey was a researcher in human sexuality. He found that some people are heterosexual, others are homosexual, and most people fall somewhere between the two orientations. He invented a scale like the one on page 39 to indicate people's sexual fantasies and behaviors.

During a lifetime, a person may move in either direction on the scale, or may stay in one area. Scientists do not know why people are heterosexual, homosexual, or bisexual. Perhaps in the future, research will be done to discover more about sexual orientation. It is important to respect the rights of all people to express their own sexuality in ways they find comfortable.

CHAPTER 9. SEXUAL INTERCOURSE

Sexual intercourse means putting the penis into the vagina. People should not have sexual intercourse until they are old enough to make sensible decisions about sex. Most people feel that sexual intercourse between two people is not bad or wrong under the following conditions.

- Both partners are mature enough to make wise decisions about sex. (See Chapter 2. Making Decisions.)
- Both people agree on the sexual behaviors.
- No one is harmed or exploited by the sexual intercourse.

There are several different kinds of sexual intercourse. Most of those kinds of sexual behavior can take place between heterosexual, homosexual, or bisexual people.

Manual intercourse

Manual intercourse means stimulating a partner sexually by touching the genital area with the hands.

- Manual intercourse may result in orgasm.
- During manual intercourse, if the man's semen is allowed to enter the opening of the woman's vagina, the woman may become pregnant.

Oral intercourse

Oral intercourse means stimulating a sexual partner by touching the genital area with the mouth.

- Oral intercourse may result in orgasm, but will not cause pregnancy.
- Semen may enter the partner's mouth during oral intercourse.
- The semen is made of protein; it will not harm the partner.
- Vaginal lubrication may enter the partner's mouth during oral intercourse.
- The vaginal lubrication is clean and will not harm the partner.

Genital intercourse

Genital intercourse is mutual sexual stimulation of two partners who put their genital areas together. In heterosexual intercourse, the penis is inserted in the vagina.

- Genital intercourse is the most common form of sexual intercourse.
- It is the usual cause of pregnancy.
- It usually results in orgasm for one or both partners.
- Genital intercourse can be painful unless the woman has sufficient vaginal lubrication. If not, a sterile lubricant can be used (not Vaseline or other petroleum jelly).

Anal intercourse

Anal intercourse is sexual stimulation that results when one partner uses the penis or a finger to enter the other partner's anus.

- Anal intercourse between a man and a woman may result in pregnancy, if the semen runs from the anus into the vagina.
- Anal intercourse can be painful unless a sterile lubricant is used.
- The penis or finger should never be moved from the anus to the vagina unless it is washed first. Bacteria from the anus can infect the vaginal area.
- Anal intercourse between homosexual males is considered to be the most common cause for the spread of AIDS.

Other kinds of sexual behavior

Some people may choose not to include sexual behavior in their lives. Others may want to try a variety of sexual experiences. People should make sure they know as much as possible about different sexual behaviors and their consequences. Sexual activity between male and female partners may result in pregnancy; some kinds of sexual behaviors may be health risks; and some sexual activities are illegal.

Celibacy

Celibacy is the avoidance of sexual relationships. Most people choose to be celibate at some time in their lives. Celibate people are still sexual beings, and are perfectly normal. Celibacy will not harm anyone. There are many different reasons why an individual might choose celibacy.

- The clergy, priests, and nuns of some religions take a vow of lifetime celibacy.
- A person may be far away from his or her spouse or chosen sexual partner, and not wish to have a sexual relationship with anyone else.
- Most young people are celibate until they are old enough to make wise decisions about sexuality.
- Many people choose to remain celibate until they are married.
- Some people do not enjoy sexual activity and prefer to be celibate.

Transvestitism

A transvestite is a man who becomes sexually excited by wearing women's clothing. Apart from that unusual behavior, he may have normal sexual relationships.

Transsexualism

A transsexual is a person who feels strongly that he or she is trapped in a body of the wrong sex. Transsexual men believe they should be women, and vice versa. People who are determined to change their sex can have an operation that will change their bodies to those of the desired sex. Before the operation is agreed to, the patient is given years of hormone therapy, counseling, and other assistance.

Some transsexuals have gone on after sex-change operations to live normal lives in their new identities. People who have had sex-change operations are sterile, and cannot have children.

Voyeurism

A voyeur is a person who gets sexual satisfaction by watching others who are undressing, nude, or having sexual intercourse. Voyeurism is illegal unless the other person or persons have consented to be watched.

Exhibitionism

An exhibitionist is a person who finds sexual excitement in showing his or her sexual organs to other people. Any person may be an exhibitionist, but most are men. Public exhibitionism is against the law; and so is exhibiting one's body to children or others who do not consent.

Sadism and masochism

A sadist becomes sexually excited by treating other people cruelly or by hurting a sexual partner.

A masochist is a person who finds sexual satisfaction in being hurt by a sexual partner or by others.

Sadomasochism describes a sexual relationship between a sadist and a masochist, in which one enjoys giving pain and the other enjoys being hurt. Sadomasochism is a harmful sexual orientation that can cause illness or injury to both parties.

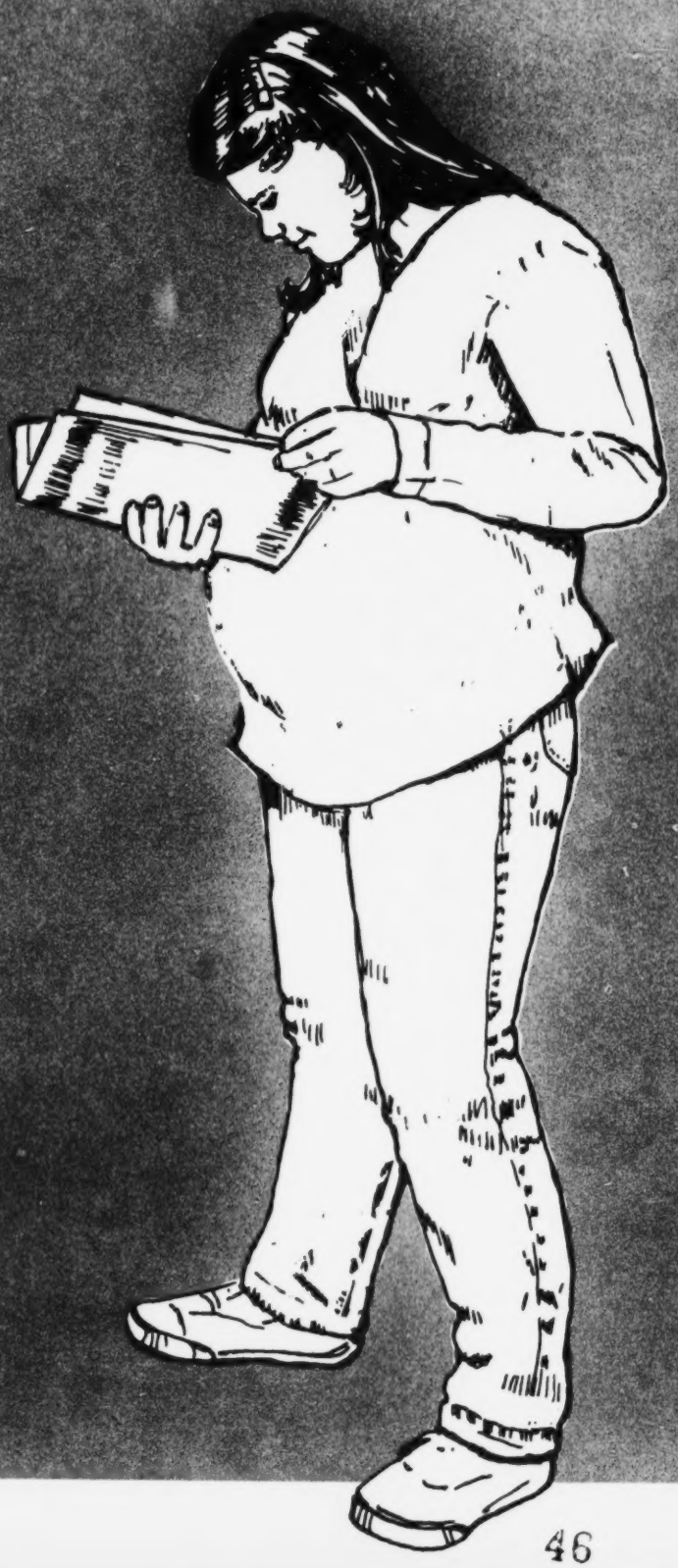
Prostitution

A prostitute is a man or woman who performs sexual acts with others for money. Prostitution is against the law. Both the prostitute and the person paying for sexual intercourse can be arrested and fined or sent to jail. Prostitution is also dangerous. Many sexually transmitted diseases are spread by prostitution.

Bestiality

Bestiality is the practice of engaging in sexual behavior with animals.

Unit IV. Conception and Reproduction



CHAPTER 10. CONCEPTION AND PREGNANCY

Conception, or fertilization of the egg, takes place when a sperm cell and an egg join together, usually during intercourse. Pregnancy begins with conception.

Production of the egg

Remember that girls and women have thousands of eggs in their ovaries. One or two eggs mature in the ovaries each month. When a mature egg is released from an ovary, it enters the end of the fallopian tube located near that ovary. That process is called ovulation. The egg then travels down the fallopian tube toward the uterus, getting ready to meet and unite with a sperm cell. If the egg is not fertilized by a sperm cell within 24 hours, the egg will die.

Production of semen and sperm

During sexual intercourse, the man squirts a fluid containing sperm cells through the penis and into the woman's vagina (Figure 10A). This is called ejaculation; in slang it is called "coming." The fluid is called semen, or "come." Each ejaculation produces less than a teaspoonful of semen, and contains from 200 to 500 million sperm cells. Only a few of the sperm cells reach the egg, and usually only one sperm cell unites with the egg.

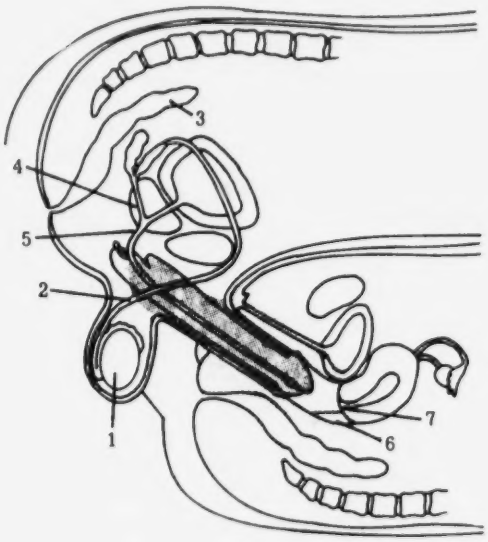


Figure 10A. During ejaculation, sperm moves through the penis into the vagina.

Fertilization of the Egg

The egg and sperm may be brought together during intercourse, or in several other ways.

- Most commonly, the man ejaculates in the vagina and the sperm swim through the birth canal to meet the egg.
- If the man ejaculates near the opening of the vagina, a few sperm may be mobile enough to find and fertilize the egg.
- In a method called artificial insemination, a doctor places semen from a male donor in the woman's vagina. The man does not have to be present.
- *In vitro* fertilization is a procedure in which a doctor places a woman's egg and male semen in a special laboratory dish. If the egg becomes fertilized by the semen, it is replaced inside the mother's uterus. Babies born as a result of in vitro fertilization are often called "test tube" babies.

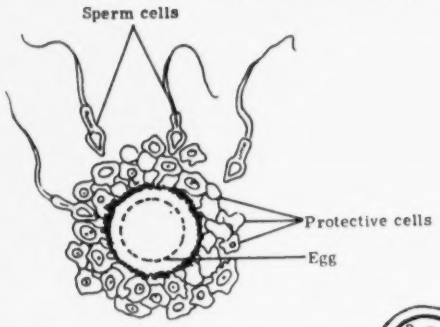


Figure 10B. One sperm usually fertilizes an egg.

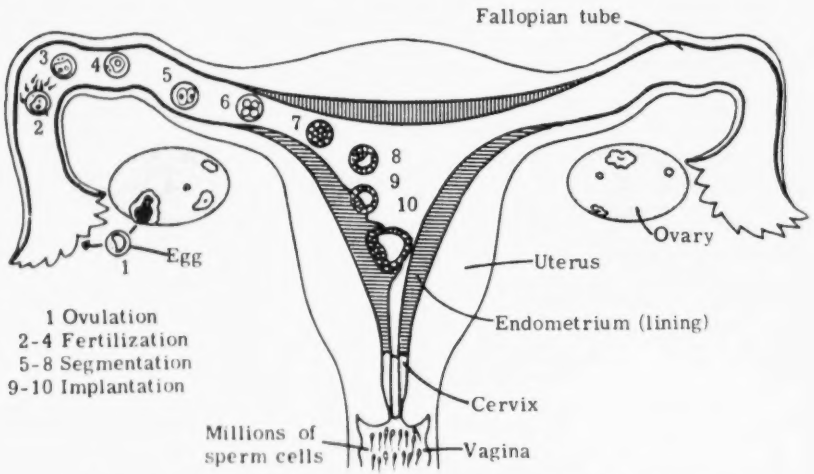


Figure 10C. The egg begins to divide; the embryo starts to grow.

The Developing Embryo

After it is fertilized by the sperm cell, the egg begins to divide, and when it has divided into several cells, it is called an embryo. Cell division begins as the fertilized egg travels the rest of the distance down the fallopian tube to the uterus. That trip usually takes about three days.

The embryo then enters the uterus. After another two or three days, it attaches itself to the uterine lining. This step is called implantation. When the embryo grows to appear more human, it is usually referred to as a fetus. The fetus may eventually grow into a baby.

Figure 10C shows the sequence of events involved in the fertilization of an egg and the development of an embryo, starting with ovulation.

Different Kinds of Pregnancies

Most pregnancies follow a similar pattern. One egg is fertilized by one sperm cell. The fertilized egg continues down the fallopian tube, then implants itself in the wall of the uterus. The embryo, later called the fetus, takes about nine months to develop fully before a baby is born.

There are also other kinds of pregnancies.

Ectopic pregnancy

Sometimes the fertilized egg will attach itself to the inside of the fallopian tube, instead of continuing down to the uterus. This is called an ectopic pregnancy, and it is very dangerous for the mother. The embryo cannot grow properly in the fallopian tube. When an ectopic pregnancy occurs, the embryo must be removed by surgery, which means the mother must have an operation to remove it.

Multiple pregnancies

Everyone knows of families who have twins. Women often have two or more babies at one time. This happens when more than one egg is fertilized by sperm at about the same time. The embryos develop together in the uterus (Figure 10D) and the babies are born at about

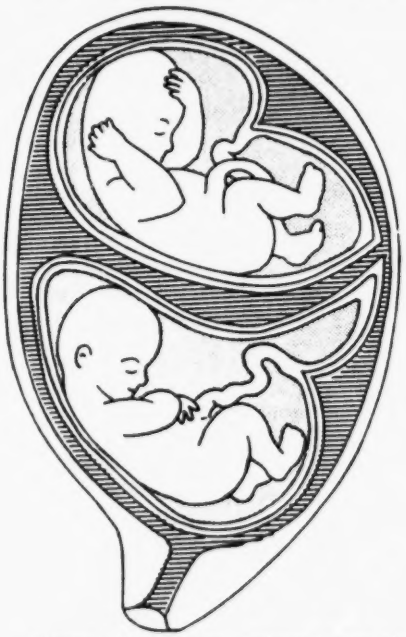


Figure 10D. These embryos may develop into fraternal twins.

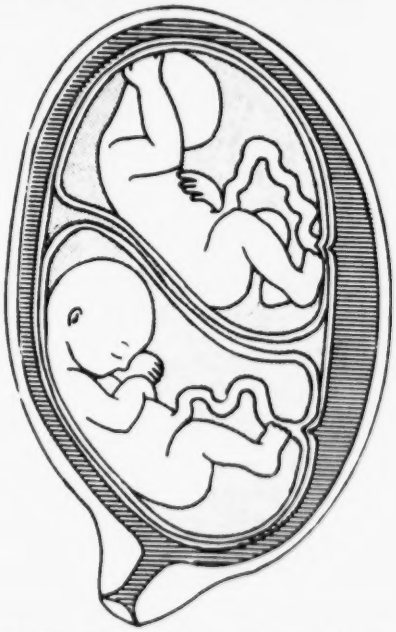


Figure 10E. Identical twins develop from one fertilized egg.

the same time. They may be of the same or different sexes, and they may or may not look alike. They are called "fraternal" twins.

Identical twins

Sometimes one fertilized egg divides into two separate embryos (Figure 10E), and they each continue to grow into fetuses. When the babies are born, they will be "identical" twins. Babies born in multiple identical births are always the same sex, and look very much alike.

The Signs of Pregnancy

How does a girl or woman know she is pregnant? Before she goes to be tested for pregnancy, she usually has several symptoms of pregnancy.

- Her periods will stop.
- She may feel tired and sleepy.
- She may feel sick or nauseated, especially early in the day; this is usually called "morning sickness."
- She may need to urinate more often than usual.
- Her breasts may grow larger and feel tender.
- Her nipples may become darker.
- Her abdomen may become rounded.
- She may be constipated (find it more difficult to have a bowel movement).

Pregnancy Tests

Several kinds of tests can be used to detemine whether a woman is pregnant. Tests can be given by doctors, Planned Parenthood or other family planning clinics, medical laboratories, local health departments, and some school clinics. Home pregnancy test kits may be bought at drug stores.

Urine tests

A urine test can be done in a doctor's office or clinic, or the woman can buy a home pregnancy testing kit at a drug store and use it herself. The urine test shows whether the woman has a certain hormone in her urine. A positive result usually means she is pregnant.

Urine tests are not highly accurate until the sixth to eighth week of pregnancy.

Blood tests

There is also a blood test for pregnancy. It measures the amount of a placental hormone in the woman's blood. This test can be done as early as eight days after conception. It is very reliable.

The Three Stages of Pregnancy

The time from fertilization to birth is called pregnancy or gestation. Most babies grow in the mother's uterus or womb for nine months. The probable date of birth can be determined by adding 280 days to the date the woman began her last menstrual period. The probable date of birth is also called the due date.

The nine months of pregnancy can be divided into three three-month periods, called trimesters.

The first trimester (weeks one through 12).

- Physical and emotional changes: The woman may be more tired and sleepy than usual. She may be depressed or more emotional. She may have morning sickness. Her breasts may become very sensitive.

- Possible problems: Various kinds of illness can harm the fetus inside the womb, particularly German Measles or other diseases that come with a high fever. The baby may be aborted, or may be born deaf, blind, or with other physical problems.
- Miscarriage: Miscarriage or spontaneous abortion is most common during the first trimester. A miscarriage means the fetus leaves the uterus before it is mature enough to survive outside the mother's body. If the mother decides to have an abortion, this is the safest time.

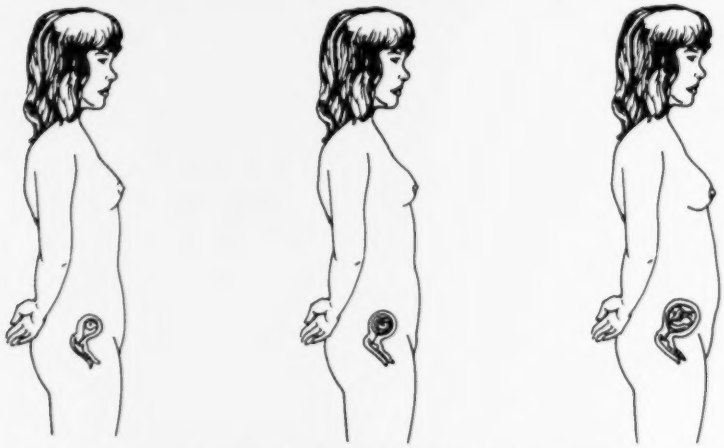


Figure 10F. The first three months of pregnancy.

The second trimester (weeks 13 through 22).

- Physical and emotional changes: Generally, this is the most comfortable time during pregnancy. Morning sickness stops and the mother usually feels well. Her abdomen and breasts begin to grow. She can feel the fetus move inside her womb, and she can listen to its heartbeat with a stethoscope.
- Possible problems: The woman may become constipated. She may also develop hemorrhoids, caused by extra pressure on the blood vessels of the rectum. She may have nosebleeds because of the increased amount of blood in her body. Some women develop edema, a swelling of the face, feet, wrists, or ankles, caused by extra fluid in the tissues.

Figure 10G. The second three months of pregnancy.

The third trimester (weeks 27 to 38).

- Physical changes: The mother continues to gain weight and the uterus becomes large and heavy. The baby moves its arms, legs, and head. It tends to move lower into the abdomen at the end of this period, getting into position for birth.

Figure 10H. The last three months of pregnancy.

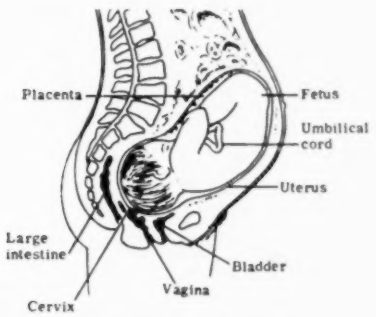


Figure 10I. The fetus is ready to be born.

- Possible problems: The mother may develop shortness of breath, frequent indigestion, backaches and cramps, or problems with balance. There may be increased strain on her heart.

Physical Care During Pregnancy

A pregnant woman's body changes in many ways, Some changes may be pleasant; some are unpleasant. A woman can prevent or cope with most problems by taking good care of herself during pregnancy and by seeing her doctor or other health care giver regularly.

What to do during pregnancy

- See a doctor regularly, and do what the doctor recommends.
- Eat proper foods and drink plenty of fluids.
- Get plenty of rest and appropriate exercise.
- Get help immediately for bleeding or other problems.

What not to do

- No smoking! Smoking tends to lower the baby's birth weight, and may cause miscarriage.
- Take no medicine unless it is prescribed. The wrong medicine can harm the mother or the fetus.
- No alcoholic beverages. Alcohol can interfere with the absorption of nutrients by the fetus and can cause birth defects.
- Do not drink tea or coffee; caffeine may harm the fetus.
- Do not eat raw or undercooked meat. It may carry harmful bacteria. Wash your hands well after handling uncooked meat, and cook meat thoroughly, until it loses its red color.
- Do not handle cat feces or litter, and avoid contact with strange cats, especially outdoor cats. Some cats carry a disease called toxoplasmosis that can infect the fetus, causing blindness or other birth defects.

Intercourse during pregnancy

Whether to have intercourse while pregnant should be decided by the individual woman and her partner. Most doctors feel that intercourse is good for the mother at least up until the final month. Intercourse can usually begin again four to six weeks after the birth.

The doctor may suggest that the couple not have intercourse when:

- It causes vaginal or abdominal pain.
- There is bleeding from the uterus.
- There is danger of miscarriage because of contractions of the uterus during intercourse and orgasm.

Problem Pregnancies

Some women have serious problems during pregnancy. The fetus might fail to develop properly; or the mother's body cannot sustain the pregnancy; or the fetus is aborted, either spontaneously or as a decision of the mother. If a woman has one difficult pregnancy, she should be alert to future problems, but most women go on to give birth to healthy babies.

Spontaneous abortion

Doctors estimate that almost 25 percent of pregnancies end in miscarriage during the first or second trimester. A miscarriage during this time is also called a spontaneous abortion. A miscarriage that occurs during the third trimester is called a stillbirth.

There are many factors that can cause a spontaneous abortion:

- The fetus is damaged by disease or accident.
- The fetus is not developing normally.
- The fetus does not implant properly in the lining of the uterus.
- There are problems with the woman's body structure or with some of her bodily systems.
- The woman's diet is poor; she gains too much weight or is badly nourished.
- The woman suffers a serious illness or an accident.

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Premature births

A baby who is born before it has developed fully in the uterus is called a premature baby. A baby who has remained in the uterus for the full nine months, but who is very small and weak at birth may also be termed premature. There are many different reasons for premature births:

- The mother may be too young to carry the fetus full term.
- The mother's body may start the birth process too early, because of an accident or other stress.
- Premature births sometimes result from illness of the mother or the fetus.
- Women who smoke tend to give birth prematurely.

The Rh factor

The Rhesus (Rh) factor is a substance found in the blood of most people. People who have this factor are Rh positive. People who do not have it are Rh negative.

If an Rh-negative woman becomes pregnant by an Rh-positive man, the fetus is likely to inherit Rh-positive blood from the father. Since the mother's blood does not have the Rh factor, the Rh factor in the baby's blood is a foreign substance for the mother's body. The mother may develop antibodies to reject the Rh factor.

Usually antibodies are useful, protecting the body against harmful substances. But when the mother's antibodies try to fight the baby's Rh-positive blood, it can cause severe problems for the baby near the time of birth. If the doctor knows about the Rh factor difference ahead of time, however, the danger can be minimized.

Toxemia

Toxemia is an illness related to pregnancy. It causes high blood pressure, sudden weight gain, swollen ankles, and protein in the urine. Toxemia can lead to convulsions (abnormal muscle contractions) or to early separation of the placenta from the wall of the uterus. If toxemia is not treated, it can be fatal to both mother and baby.

CHAPTER 11. THE BIRTH OF A BABY

The birth of a child brings many physical, emotional, and social changes into a couple's life. Before deciding to have a baby, the woman and the man must think about these changes, discuss the future, and decide whether they are ready to be good, responsible parents.

Preparing for birth

There are a number of different methods of preparing for birth and going through the birth process (usually called "labor"). A couple must choose one way or another, based on their own relationship, the health of the mother and the fetus, the advice of the doctor or midwife who will attend the birth, and their own feelings about childbirth.

Conventional birth methods

Conventional birth methods were most common 10 to 20 years ago. A conventional birth usually takes place in a hospital, with a doctor in attendance. Various drugs are used to relieve the discomfort of labor and birth, and sometimes to speed the process.

The mother is usually strapped to an operating table for the delivery, in a brightly lighted room. She may be unconscious or heavily sedated at the time of birth. The father is usually not present. The advantage of this type of birth is that the doctor and hospital facilities are available if a problem arises. It is also very convenient and quick for most doctors.

Natural childbirth

This is the name for several different childbirth methods that avoid the use of drugs. The parents usually attend natural childbirth classes during the pregnancy. They learn about the birth process and how they can deal with it. Since tension often causes increased pain, knowing what to expect may help the woman avoid fear and tension, and reduce any pain she might feel.

No special equipment is needed so a natural childbirth can take place at home, in a conventional hospital, or in a special kind of hospital set up only for childbirth. The mother can be attended by a doctor or a nurse-midwife, and the husband is usually present for the birth.

Home birth

Having a baby at home makes it possible for older children and other family members to be nearby to offer support to the parents and to greet the new baby. Home birth also offers freedom from hospital routine, and close contact between mother and baby. It is much less expensive than hospital birth, and there is good evidence that home delivery is as safe as hospital delivery for uncomplicated pregnancies. Many doctors are opposed to home births, but some will cooperate with families who want it.

Special arrangements

A compromise between hospital and home delivery is the "birthing room" option. Specially equipped birthing rooms have been opened in hospitals all across America. These are home-like rooms where family members are welcome during labor and often during birth. Birthing

rooms are usually located in hospitals, so anesthesia, oxygen, and other special facilities are available for emergencies. Some facilities are equipped with comfortable, specially-designed "birthing chairs," which use the principle of gravity to assist in the birthing process.

The Lamaze method

The Lamaze method is one form of natural childbirth. Lamaze classes help the woman learn how to relax and control her breathing. The husband or a close friend is involved as a "coach" to help the mother through labor and to be with her at the time of delivery. Many people believe this method makes labor and childbirth a more natural, happy experience for the parents and the baby.

Birth without violence

Birth without violence is another form of natural childbirth, focusing more closely on the child. The delivery room is kept warm and quiet, with soft lights and music, to simulate conditions inside the womb. The idea is to help the baby avoid being shocked and fearful at the time of birth. Immediately after birth, the baby is placed in a warm bath, then laid on the mother's abdomen. Both parents have close contact with their baby as soon as it is born.

How a Baby Is Born

Birth is a normal, natural process, and most women give birth without any complications. There are three distinct stages in the process of labor and childbirth.

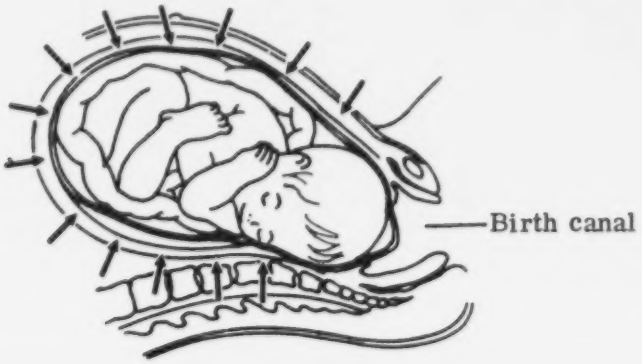

Figure 11A. Early labor pushes the baby out of the uterus.

The first stage of labor.

- The first stage of labor takes the longest time. With a first baby, it often takes 12 hours or longer, but it may last only an hour or two.
- During the first stage, the pregnant woman begins to feel contractions or "labor pains" in her abdomen. This happens when the muscles of the uterus contract to push the baby out through the cervix.
- Early contractions usually occur about every 15 to 20 minutes. Near the time of birth, contractions usually come every three to four minutes. At this time, the cervix is usually open wide enough so the baby can emerge from the uterus.

- At some point in the early stages, a clear, watery fluid rushes or seeps from the vagina. This happens when the amniotic sac breaks. The amniotic sac is a bag of fluid that holds and protects the baby until it is ready to be born.
- In some birth situations, hospital personnel will "prep" the woman. This means preparing her for the birth by shaving off all or part of her pubic hair and disinfecting the area. This process may help limit infection.

Fetal monitoring

Most hospitals have fetal monitoring equipment to check the effect of the birth process on the baby. This electronic equipment reports the baby's heart rate and other vital signs, as well as the intensity, frequency, and duration of the mother's birth contractions. Although some parents and health professionals may find fetal monitoring unnecessary and even annoying during the birth process, it can be very helpful if the mother or the fetus is having difficulty.

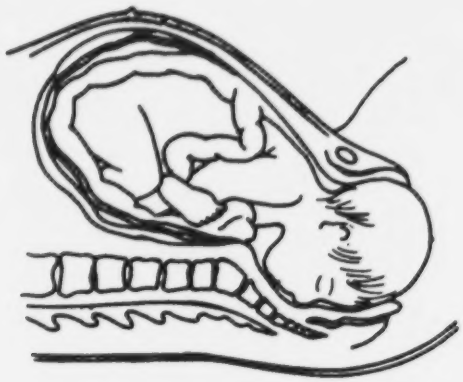

Figure 11B. The baby is born during the second stage.

The second stage of labor.

- At the beginning of the second stage of labor, the baby's head begins to move into the vagina, or birth canal.
- During this stage, the woman is moved to the delivery room, if she is having her baby in a hospital.
- As labor continues, contractions of the uterus and birth canal push the baby out of the uterus and through the vagina.
- When the baby emerges, the doctor or midwife receives the baby and wipes any mucus from its mouth. Then the baby is lightly spanked or rubbed on its back, to stimulate breathing.
- The next step is to cut the umbilical cord, which connects the placenta to the baby's abdomen. Oxygen and nutrients are carried by the umbilical cord from the mother's body, through the placenta, to sustain the baby before it is born. Wastes and carbon dioxide are removed through the placenta in the same way.
- The baby is usually bathed, drops are put into its eyes, and it is wrapped warmly and given to the mother, if she is awake.

Episiotomy

Sometimes the vaginal opening is too small for the baby's head to pass through without harming the baby or the mother. The doctor or midwife may decide to cut the opening to make it larger. This procedure is called an episiotomy. After the birth is over, the cut is closed with stitches. It usually heals in a week or two.

The third stage of labor.

- The third stage of labor takes from a few minutes to an hour.
- In this stage, the placenta detaches from the wall of the uterus. The placenta is a large, soft organ that develops as the embryo grows. It absorbs food and oxygen from the mother's blood, and supplies them to the fetus through its blood vessels and the umbilical cord. When the birth is over, the placenta is discarded by the mother's body. If the woman becomes pregnant again, a new placenta will grow to feed the next baby.
- The third stage is over when the uterine contractions have finished pushing the placenta out through the vaginal opening.

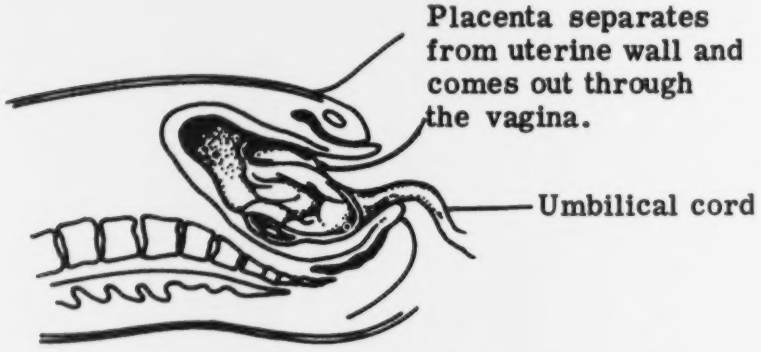

Figure 11C. The placenta is expelled during the third stage.

Different Kinds of Childbirth

During a normal vaginal birth, the baby stays in the uterus until contractions begin, then passes head first through the birth canal. The baby's head emerges from the vagina first (see Figure 11D).

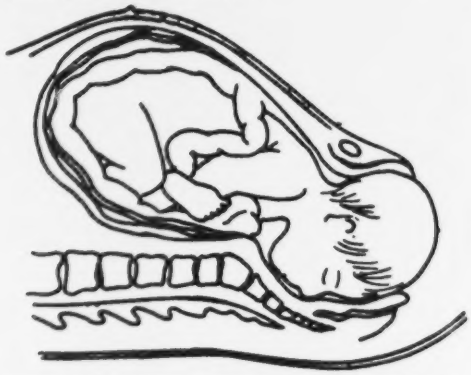

Figure 11D. Most babies emerge head first.

Sometimes, however, the baby may be in the wrong position for this kind of birth. Figure 11E shows two of those positions.

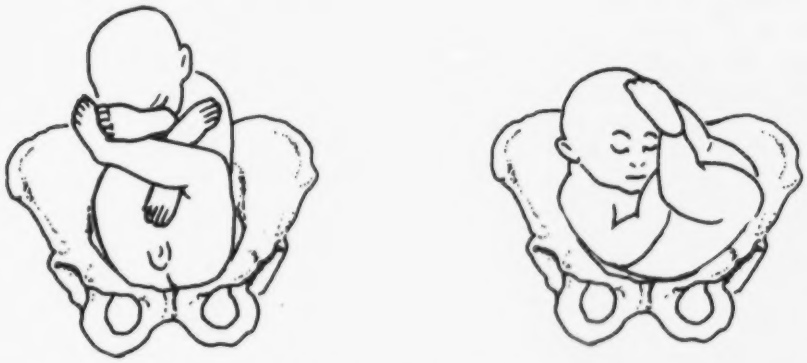

Figure 11E. These babies are in the breech (left) and transverse (right) positions.

Breech position, transverse position

A baby in either the breech or transverse position is not located properly for a natural birth. Usually the doctor or midwife will try to turn the baby during the early stages of labor, so that it can be born naturally, head first. Occasionally a baby can be delivered in the breech position; that is called a "breech birth."

Caesarian section

If the baby cannot be turned or delivered in the breech position, it must be delivered surgically, in a process known as a "caesarian section." In a caesarian section, a cut is made through the mother's abdomen and into the uterus. The doctor lifts the baby out, then sews up the uterine wall and the abdominal wall. Caesarian section is often easier for the baby, who does not have to struggle through the birth process.

A caesarian section is usually harder on the mother than a vaginal birth, because it is major surgery, rather than a natural process. Women take longer to recover from caesarian section than from natural delivery. Most women can have two or three caesarian sections, usually not more.

Figure 11F. An incision is made for a cesarian birth.

There are many reasons why the doctor may recommend a caesarian section, including:

- The baby is too large or the mother's pelvis is too small for a safe vaginal delivery.
- Labor has been very long and difficult. The mother may be exhausted or may be losing too much blood.
- The umbilical cord comes out of the vagina before the baby appears, creating a dangerous situation that might harm the baby.
- The Rh factor is a problem, making it necessary to deliver the baby quickly.
- The baby's heartbeat is irregular, or the baby is too weak for a vaginal birth.

Anesthetics Used in Childbirth

Anesthetics are a class of drugs that can be used to ease pain. Doctors began to use anesthetics for childbirth during the 1860s. At first, some people disapproved their use; by the 1900s they were widely accepted and used routinely. Today, most women can choose whether they want to have anesthetics used during the birth process.

The most common kinds of drugs used for childbirth include tranquilizers to help the mother relax, and narcotics to reduce pain. Other drugs can also be given to stop pain, bleeding, or other problems. They are only given by a doctor or other health care professional. Some of these drugs may be given during labor, others when the woman is ready to deliver.

Problems with anesthetics in childbirth

Drugs travel quickly through the bloodstream. Anesthetics used during labor can move through the placenta and into the baby's bloodstream. This may cause the baby to have trouble breathing at birth.

Drugs may also make the birth process last longer. Some drugs numb the body and slow down its functions. Others make the mother sleepy so that she cannot participate in the birth itself.

Today, many doctors, midwives, and expectant mothers feel that women should prepare for birth through natural childbirth classes or other instruction. Then they probably will not need to have drugs during labor and delivery. Many people think this is healthier for both mothers and children.

After the Baby Is Born

The period after the birth of a baby is called the "postpartum" time. During this time, the parents adjust to the baby's birth and the mother's body slowly changes back to its usual, non-pregnant condition. There are many changes in the mother's body and emotions during this time. She should try to get plenty of rest, good food, and exercise.

- The uterus slowly returns to its normal size.
- Blood is discharged from the uterus for two to four weeks. The flow slowly diminshes and then stops.
- There is a drop of hormone levels in the body, as the high levels of pregnancy return to normal.
- Some women may become depressed. This is a normal response to a sudden drop in hormones, the strain of the birth, and the new responsibility of caring for an infant.
- Many women are not depressed, but feel very excited and happy about the birth.

Breast feeding or nursing a baby

Breast feeding is the easiest and most natural way to feed a newborn baby. If the mother is healthy and careful of what she eats and drinks, her milk will contain everything the baby needs. It is always warm enough and does not need to be prepared or sterilized. The closeness between mother and baby during breast feeding is good for both of them.

Lactation (the production of milk) begins two to three days after a baby is born. For the first few days, the mother's breasts make colostrum, a yellowish fluid that is good for the baby, and helps fight disease.

The mother's milk is affected by whatever she does. If she has a poor diet, or uses alcohol, tobacco, or other drugs, it will affect her milk and may harm the baby.

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CHAPTER 12. GENETICS AND INHERITED TRAITS

Any time a man and a woman (or a boy and girl past puberty) have sexual intercourse without using birth control, they may produce a child. The baby may look like the father, the mother, or both. The baby will inherit physical traits from each parent, including hair color, skin color, eye color, and body size.

Genetic Information: Chromosomes

A fetus grows after an egg and a sperm cell unite. The egg cell contains information about the mother and her family. The sperm cell contains similar information about the father and his family. This is called genetic information. The information from both the egg and the sperm combine to produce the physical traits of the new individual.

The structures that carry genetic information are called the chromosomes. Each of the parents provides 23 different chromosomes. They contain all the possible traits the new baby might carry. Every baby has 23 chromosomes from the mother and another 23 from the father. Thus, every individual has a total of 46 chromosomes.

Some traits are stronger than others. The strong traits are called "dominant." The weaker ones are called "recessive." For instance, a trait for brown eyes is dominant, and a trait for blue eyes is recessive. If a baby inherits one gene for blue eyes and another for brown eyes, its eyes probably will be brown. The baby must have at least two blue-eye chromosomes to inherit blue eyes. Other dominant traits include curly hair rather than straight hair, and dark hair rather than blond.

A Boy or a Girl?

One chromosome has the chemical code that determines the sex of a baby. An embryo with two X chromosomes will develop into a girl baby. An embryo with one X and one Y chromosome will be a boy.

All of the mother's eggs contain only X chromosomes. The sperm cells can contain either X or Y chromosomes. The father's sperm, therefore, determines the child's sex. (See Figure 12A.)

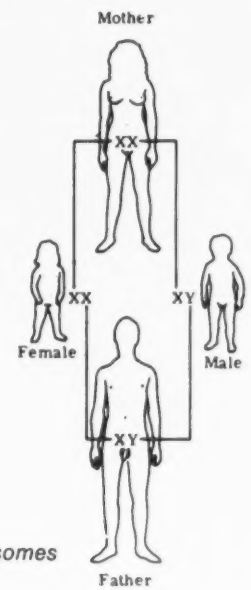

Figure 12A. The father's chromosomes determine the sex of a child.

If a sperm cell with an X chromosome unites with the ovum, the embryo will have two X chromosomes, and will develop into a girl. If a sperm cell with a Y chromosome unites with the egg, the embryo will have both X and Y chromosomes. It will grow into a boy. Only the sperm cell can determine the sex of the baby, because Y cells are present only in the sperm.

Birth Defects

A birth defect is a term for any physical or learning disability a baby has at birth. Some birth defects are minor, and will cause the child very little difficulty in life. Others are very serious. Birth defects occur in approximately three percent of all births. Doctors do not always know the causes of birth defects.

Inherited birth defects

Some birth defects result from a problem during the mother's pregnancy; others are caused accidentally at the time of birth; and about 20 percent are inherited from the parents or their families. If the tendency for a birth defect is carried in the mother's or father's chromosomes, the defect may be inherited by the infant. Some hereditary defects include deafness, blindness, sickle cell anemia, and some kinds of mental retardation.

Environmental birth defects

About 15 percent of birth defects are called "environmental." These problems are caused by things that happen to the mother or the fetus during the pregnancy. Environmental defects may include:

- Accidents at the time of birth.
- Illness of the pregnant mother, such as German Measles.
- Infections, such as venereal diseases.
- Drugs or other harmful substances taken by the pregnant mother.
- Harmful substances in the air, water, or food.

Testing for Birth Defects

Today, some birth defects can be found before the fetus develops into a baby. If tests show that the fetus is defective, the pregnancy can be stopped. If the parents want to continue with the pregnancy in spite of the birth defect, they can at least prepare for problems that may arise.

Amniocentesis: testing the fluid that surrounds the fetus

Amniocentesis is a procedure that involves removing and testing a small amount of fluid from the uterus during pregnancy (Figure 12B). It is done during the fourth month of pregnancy and can help spot such birth defects as Down's syndrome, which causes mental retardation.

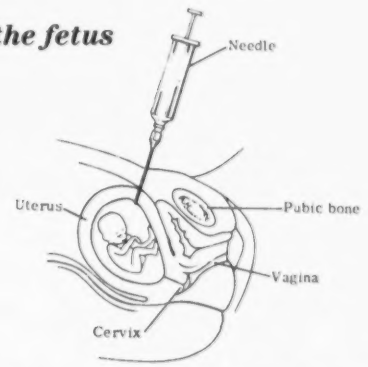

Figure 12B. Amniocentesis can help predict birth defects.

The amniocentesis procedure is basically safe and involves minimal discomfort. On rare occasions, however, the procedure may be uncomfortable and even harmful for the pregnant woman or her child, and may cause the fetus to abort.

Sonogram, a sound picture

Another procedure, called sonogram, can also discover some kinds of problems in the growing fetus. Sonogram uses sound waves to project a computerized picture of the fetus while it is still inside the womb. It involves no discomfort or danger for either the mother or the fetus.

Genetic Counseling

Many people worry about birth defects in their children. The older the mother is, the higher chance her children may have birth defects. A couple may know of some inherited defects in their families. Genetic counseling can help people predict whether their child might have a birth defect, and possibly help them avoid problems.

Before the woman becomes pregnant, a couple might decide to see a genetic counselor for advice. Not everyone needs this kind of help, but every person has the right to genetic counseling.

CHAPTER 13. DECISIONS ABOUT SEXUALITY

Most people decide to have sexual intercourse at some time during their lives. Other people do not choose to have sexual intercourse. People have the right to decide what is best for themselves.

People may choose to have sexual intercourse for any of the following reasons or for any combination of reasons.

- They love each other.
- They want to have a child.
- They find sexual intercourse pleasurable and enjoy doing it.

When young people are making decisions about sexual intercourse, they need to think about several things:

- How do I feel about myself? Will that change if I have sex?
- How does my friend feel about himself or herself? About me?
- Does sex fit in with my other plans for my life?
- How would my parents feel? What do they expect of me?
- What does my religion teach about sex?
- Do I really want to have sexual intercourse? Why?

Things to consider

A girl should think about what may happen to her life if she becomes pregnant. Having sexual intercourse may mean that she will have to face the responsibilities of giving birth and caring for a baby. A boy should think about what may happen if he gets a girl pregnant, and about his responsibilities toward any child that is born because of his sexual activity.

Both parties may decide that it is safest not to have sexual intercourse. Or they may decide to use a contraceptive to prevent pregnancy.

Contraception, or Birth Control

Contraception is the prevention of pregnancy. Some methods of birth control or contraception are designed to keep the sperm cell and the egg cell apart. Other methods prevent the development of the fertilized egg. Either way, the woman will not become pregnant.

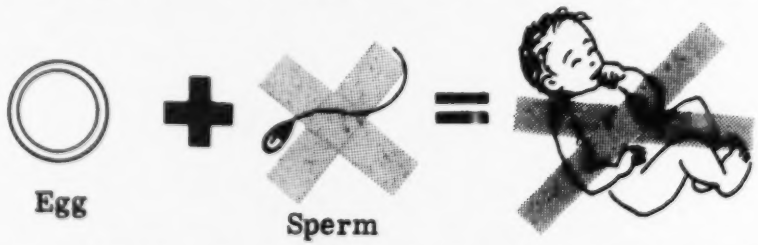

Figure 13A. "Barrier" contraceptives stop the sperm from meeting the egg.

In Figure 13A the sperm is stopped by a contraceptive device. Some of these methods are used by the female, others are used by the male.

In Figure 13B the development of the egg is stopped by a contraceptive chemical used by the female.

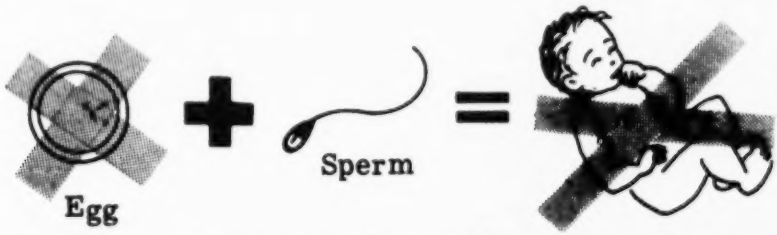

Figure 13B. "Chemical" contraceptives prevent fertilization or growth of the egg.

When the fertilized egg is prevented from implanting in the uterus by a contraceptive called an intrauterine device, the egg cannot develop into a fetus, and is expelled during the woman's period.

Planning a Family

Birth control or contraception is an important part of family planning. People who want to plan and control the size of their families have three choices.

- They can modify their sexual behavior, either by not having sexual intercourse at all, or by having sex only on certain "safe" days in the woman's fertility cycle. Doing without sex is called abstinence. Planning a safe time to have sex is called the "rhythm method" of birth control.
- They can use a contraceptive device or prescription.
- At least one member of the couple can choose to be sterilized. Sterilization is an operation that makes a person incapable of reproduction.

Getting information on birth control

Every individual or couple should get information about the various kinds of birth control, then decide which method, if any, is right for them. Contraceptive information is available from:

- Health professionals—doctors, midwives, nurses, clinics.
- Family planning organizations like Planned Parenthood.
- Social service agencies.
- Some churches, schools, and counselors.
- Family members and friends.
- Libraries: books and other publications.

It is important to be sure you receive accurate information about birth control. Some people rely on the information they get from family and friends. Obviously, they would be wiser to consult a professional person or family planning organization.

Deciding about birth control

Decisions about using birth control, and which methods to use, depend on many factors.

- The age, health, and experience of the individuals involved.
- The couple's relationship and their financial status.
- Their religious or family values and attitudes toward sex and birth control.

Reasons for Using Birth Control

There are many good reasons why people may choose to use some method of birth control. They include the following, and probably many more.

Possible health problems

Some women are not physically strong enough to become pregnant, carry a baby for nine months, then undergo childbirth. In such cases, it is very important to prevent pregnancy.

Women who do not use contraceptives may have children every year or so. This is very bad for the health of the woman and her children. Contraceptive methods allow a couple to space their pregnancies far enough apart to safeguard the mother's health and that of her family.

Possible birth defects

Some couples are at high risk of having a child with birth defects. They should get genetic counseling to help them decide whether to have a child. If the risks are too great, contraceptives can help them insure that the woman will not become pregnant.

Giving the marriage a good start

Newly married couples usually need time to get well acquainted with each other and to enjoy their life together before they take on the added responsibility of caring for children. They also need time to save for a family and a home. Contraception can give a couple the time they need.

Limiting family size

Contraception allows a couple to decide how many children they want and can afford Very large families are often poor, but most couples can support one or two children.

Avoiding pregnancy outside marriage

Most unmarried people do not want to have children, even though they may be sexually active. They may be too young, or unable to earn an adequate living. They may want to finish school or work at a career before they have children. Contraception allows unmarried people to avoid pregnancy.

Making sure each baby is wanted

Many pregnancies are not planned. The baby may not be wanted by its parents. They may be unable to take care of it adequately. Sometimes families abuse or neglect unwanted children. Every baby has the right to a secure, loving home and family. Contraception allows people to have only the children they want and can take care of.

Limiting population growth

The earth has many, many people, and the population grows each year. Most scientists believe the world can only support a certain number of people. They are afraid there will not be enough food, space, or energy for much larger populations. Contraception makes it possible to limit the number of people in a country or in the world.

A couple deciding to use birth control should consider several things.

- How well does the method work; how effective is it?
- Is it appropriate for the couple, especially the person who is responsible for using it?
- Are there health risks in the method?
- How do both people feel about it?

Rhythm Methods of Birth Control

Rhythm methods are considered a "natural" form of birth control. They are all based on abstaining from sex during the time each month that the woman is fertile. (Fertile means the woman has ovulated, and can become pregnant.) The rhythm methods are the only kind of birth control approved by some religions.

There are three basic systems of birth control by rhythm methods.

- Calendar method
- Temperature method
- Ovulation method

All the methods are fairly complicated, and have a high failure rate when people do not use them properly. The methods work in different ways.

The calendar method

The calendar method is a way of finding the "safe days" in each month (days when the woman cannot become pregnant) and limiting sexual intercourse to only those days. The calendar method is most effective if the woman's periods are very regular.

- Keep a record of the length of each menstrual cycle for six months. The day menstruation begins is the first day of the menstrual cycle. Each cycle then ends on the day before the next period begins.

DETERMINING THE FERTILE (UNSAFE) PERIOD
USING THE CALENDAR METHOD

Shortest Cycle (Days)	Day Fertile Period Begins	Longest Cycle (Days)	Day Fertile Period Ends
22	4	23	12
23	5	24	13
24	6	25	14
25	7	26	15
26	8	27	16
27	9	28	17
28	10	29	18
29	11	30	19
30	12	31	20
31	13	32	21
32	14	33	22
		34	23
		35	24

26 days to 34 days

Figure 13C. The calendar method of birth control requires careful record keeping.

- Count the total number of days in the shortest menstrual cycle, and subtract 18 from that number. This gives the first day of the fertile or "unsafe" time.
- Count the days in the longest menstrual cycle, and subtract 11 from that number. This gives the last day of the fertile time.

- The total number of days between the first and last days calculated are the woman's probable fertile time. These are the days on which it is unsafe to have sexual intercourse.
- To be fairly sure of avoiding pregnancy, a woman should not have sexual intercourse between the eighth and 21st days of her cycle, counting from the first day menstruation begins. This means that a couple using the calendar method must not have sexual intercourse for about 14 days, about half of each monthly cycle.

The temperature method

The temperature method involves recording the woman's basal body temperature (first thing in the morning) every day. The changes in temperature records provide information on when the woman ovulates.

- The woman takes her temperature every morning immediately after waking, and keeps a record of each day's readings (see Figure 13C).
- She starts her cycle the day her menstrual period ends (point A on the chart).

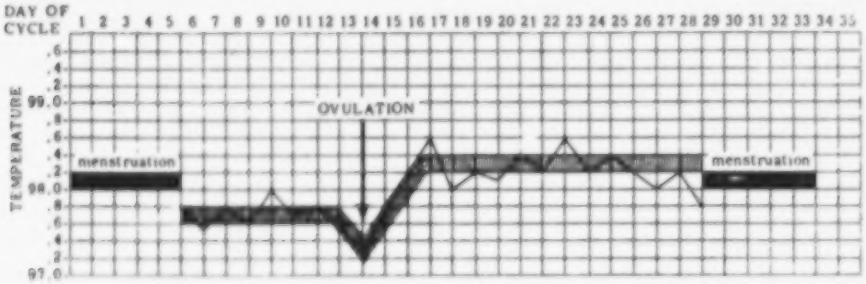

Figure 13D. A temperature chart helps determine "safe" days.

- During the days before ovulation, the woman's temperature will be at a constant low level.
- Her temperature will usually drop on the day of ovulation (point B on the chart).
- On the day following ovulation, her temperature will rise sharply.
- Her temperature will then stay at a higher level during the rest of her menstrual cycle. Her safe period begins after a rise of at least 0.5 degrees has continued for at least three days (point C).
- Her fertile (unsafe) days for sexual intercourse begin on the fifth day after the start of her menstrual period, and continue until her body temperature peaks for at least three days (point A through point C on the temperature chart).

The cervical mucus method

The cervical mucus rhythm method is based on chemical changes in the mucus made by the cervix during the woman's menstrual cycle. This is a very difficult method to use, and mistakes can easily be made.

- A few days after menstruation, no mucus is made by the cervix, and the vagina may be a little dry.
- This is generally a safe time for intercourse; the woman is probably not fertile.
- Mucus secretion usually begins around the middle of the cycle. On the first day of this phase, the mucus may be cloudy and sticky.
- The amount of mucus increases and it becomes clearer.
- Intercourse is not safe from the first day of mucus production until four days after the amount increases and the mucus becomes clear.

Advantages of the rhythm methods:

- These methods are approved by all religious groups.
- There are no physical side effects.
- There is no cost involved.
- It is easy to stop using the rhythm methods when the couple decides to have a child.

Disadvantages of rhythm methods:

- These methods require a lot of time and complicated record keeping.
- They are not very reliable; there is a high failure rate.
- Couples may experience tension and stress using these methods.
- Both partners must work together and cooperate.
- There are long periods when sexual intercourse is unsafe.

These Products Are Not to Be Used for Birth Control!

People sometimes have strange ideas about contraception. Sometimes people believe they are using birth control, but instead, they may be using a product that will not prevent pregnancy. Many pregnancies occur because people think they are safe when they are not.

The following methods have *nothing to do* with birth control.

Douching

- Douching means using a liquid to flush or wash out the vagina.
- Douching is not a method of birth control; it will not prevent pregnancy.
- It is used only to clean the vagina.
- It is not necessary for good hygiene, and should not be done more than once a month.

Vaginal deodorants

- Vaginal deodorants, usually sprays, are used by some women to make their bodies smell nicer.
- Vaginal deodorants are not contraceptives; they will not prevent pregnancy.
- These products are not necessary, and may cause rashes and other problems for some women.

CHAPTER 14. METHODS OF CONTRACEPTION

Contraception for Women

Most contraceptives are designed to be used by women. Since only women become pregnant, they are more likely to be concerned about unwanted pregnancies. There are several kinds of female contraceptives, all more or less effective in preventing pregnancy.

Oral Contraceptives, or Birth Control Pills

The availability of safe, effective birth control pills has changed sexual and contraceptive practices around the world. Oral contraceptives were first made available to American women in 1960.

There are three different kinds of birth control pills; they must all be prescribed by a doctor.

- The combination pill contains the hormones estrogen and progestrogen.
- The mini-pill contains only a small amount of progestrogen.
- The morning-after pill contains very high levels of estrogen and other chemicals. This pill is approved for emergency use only (in cases of rape, extreme illness of the woman, etc.).

How birth control pills work

Birth control pills work to prevent pregnancy in three different ways:

- They prevent ovulation--the release of eggs from the ovaries.
- They slow the preparation of the uterine lining, so the lining rejects the fertilized egg.
- They thicken the cervical mucus, so sperm cannot pass through to fertilize the egg.

How women use oral contraceptives

It is very important to use birth control pills properly. If they are not used according to the rules, they may not be effective, and may cause problems for the woman using them. One pill must be taken every day, either in the morning or the evening. Figure 14A shows various kinds of birth control pills.

A 21-day pill pack is used as follows:

- The woman takes one pill each day for 21 days, beginning on the fifth day of her period.
- Then she takes no pills for seven days. During this time, she will have her period.
- On the eighth day she begins to take the pills again, one each day.

A 28-day pack is used almost the same way:

- The woman takes one pill each day for all 28 days.
- The pills provided for the seven days at the end of the cycle are different from the rest. They contain no active hormones.
- The woman will have her period while she is taking the inactive pills.

If the woman fails to take her pill one day, she should take two pills the next day. If she misses two days, she should use some other form of birth control during that monthly cycle.

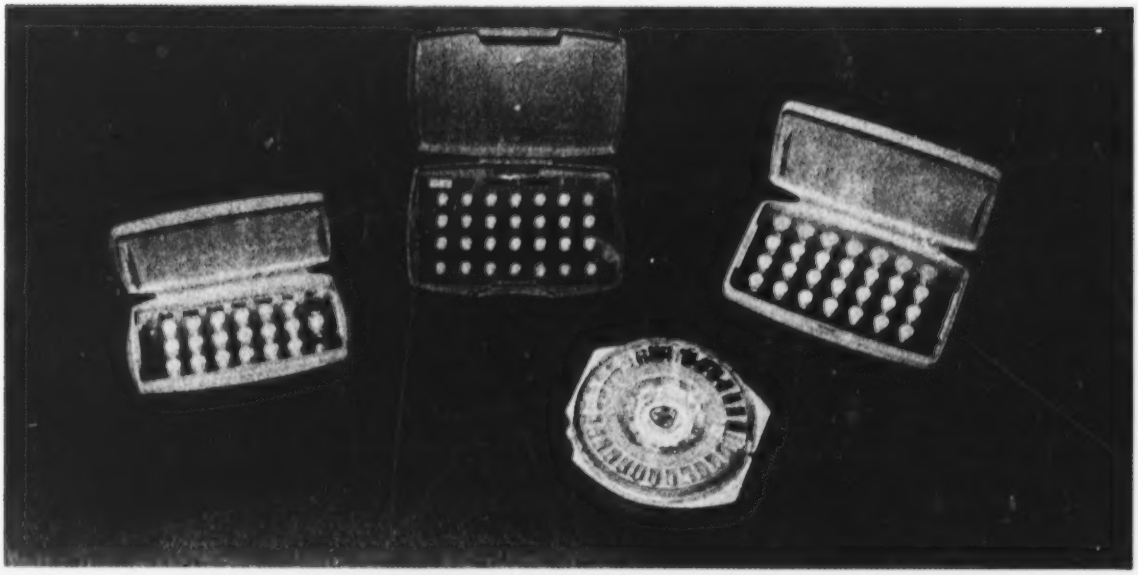

Figure 14A. Contraceptive pills come in different kinds of packages.

The morning-after pill

The morning-after pill is used in emergency situations only. It is prescribed for women who have been victims of rape or incest. It works by preventing the fertilized egg from being implanted in the uterus.

It is taken twice a day for five days, beginning no more than 72 hours (three days) after the incident occurred. The morning-after pill is usually effective in preventing the pregnancy, but it may cause nausea and vomiting.

Advantages of the birth control pill

- It is almost 100 percent effective if used properly.
- It does not interfere with foreplay or with sexual intercourse.
- It is not messy.
- It helps women regulate their periods and may reduce menstrual flow.
- It may relieve pre-menstrual tension and cramps.
- It seems to help some girls clear up acne.

Disadvantages of the pill

- The pills may be expensive.
- The woman must remember to take one every day.
- Women taking the pill sometimes retain fluids.
- Some women taking the pill may feel depressed.
- Some women taking the pill may notice a decrease in vaginal lubrication.

Who should not take the pill:

- Women who have a high blood clotting rate or circulatory problems.
- Anyone with the liver disease known as hepatitis.
- Women with abnormal genital bleeding.
- Anyone with cystic fibrosis, sickle cell anemia, or cancer of the breast or genitals.

In addition to the problems listed above, other women who should not take birth control pills include those who are nursing infants, who smoke, or who are 40 years old or older.

Women who should only take the pill under a doctor's close supervision include those with diabetes, migraine, epilepsy, asthma, high blood pressure, and heart or kidney diseases.

The Diaphragm

A diaphragm is a thin, round sheet of rubber, stretched over a ring (see Figure 14B). Diaphragms come in different sizes, and must be measured and prescribed by a doctor. They can be purchased in drugstores.

The diaphragm is inserted in the vagina, blocking the entrance to the cervix. The diaphragm is used with a cream or jelly that kills sperm (see figure 14C) and prevents it from fertilizing the egg.

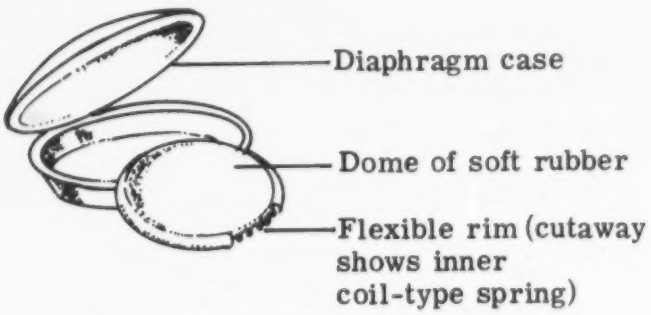

Figure 14B. The diaphragm is a thin circle of rubber.

Figure 14C. The diaphragm is used with a spermicide.

Using the diaphragm

The following steps (Figure 14D) must be followed to prepare and insert the diaphragm:

- Place the spermicidal (sperm killing) jelly or cream inside the diaphragm and around the inner part of the rim.
- Insert the diaphragm (either the woman or the man can do this) in the vagina, pushing it through the passage and firmly against the cervix. (This can be done from two hours to a few minutes before intercourse.)
- Tap the diaphragm with a finger to make sure it is fitted correctly.
- Keep the diaphragm in place for at least six hours after intercourse.

For additional intercourse:

- If the couple wants to have intercourse soon after the first time, the diaphragm should remain in place, but the spermicide must be renewed.
- Fill an applicator with the spermicidal jelly or cream.
- Release the spermicide in the vagina. Remove the applicator and continue with intercourse.
- After all intercourse is finished, the diaphragm must stay in place for at least six more hours.

Figure 14D. Inserting the diaphragm.

Caring for the diaphragm

After six hours, remove the diaphragm with the finger. A diaphragm will last for about two years if it is properly stored and cared for.

- Wash the diaphragm after each use in warm, soapy water.
- Dry it well, then sprinkle it with baby powder or cornstarch.
- Store the diaphragm in its plastic case until it is needed again.

Advantages of using the diaphragm

- It is a very effective contraceptive method if it is used properly.
- It has no negative side effects on the woman's health.
- It can be used during the woman's period, if she wants to have intercourse at that time.
- It is easy to stop using the diaphragm.

Disadvantages of the diaphragm

- The woman must remember to insert the diaphragm before starting intercourse. This sometimes interferes with the spontaneity of the lovemaking.
- Preparing and inserting the diaphragm can be messy.
- The diaphragm must be carried to the place where the couple will have intercourse.
- The diaphragm itself, and the spermicidal jelly or cream, can be expensive.
- If the diaphragm is not fitted or inserted properly, it can move during intercourse and let sperm into the uterus.
- Some women or men may be allergic to the rubber used in the diaphragm, or to the spermicide used with it.

Spermicides

Spermicides (sperm killers) are used with the diaphragm, or can be used alone as vaginal chemical contraceptives. Spermicides are available at drug stores, and do not require a prescription from a doctor.

They come in several different forms (see figure 14E).

foams	jellies
creams	tablets
vaginal suppositories	vaginal sponges

Spermicides work in two basic ways:

- They block the entrance to the cervix.
- They contain chemicals that kill the sperm.

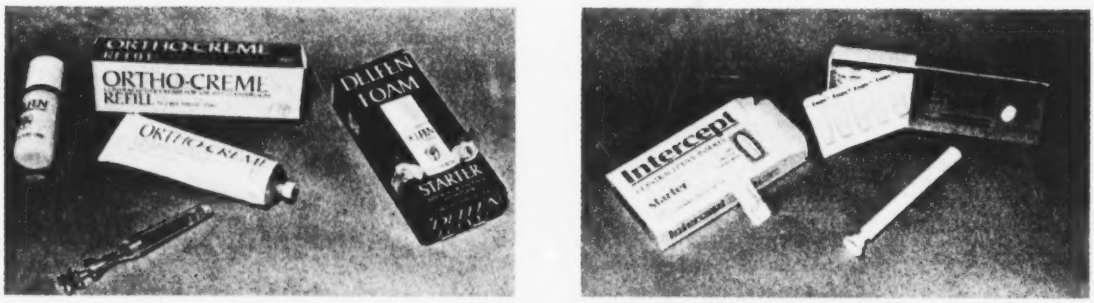

Figure 14E. There are several kinds of spermicides.

How to use spermicides

Because the instructions are different for each type of spermicide, it is important to read the directions on the package. Some kinds, such as foam types, can be placed in the vagina any time up to 20 minutes before intercourse. Others, such as tablets, usually must be inserted into the vagina at least ten minutes before intercourse begins.

Figure 14 F shows how to insert a foam, cream, or jelly type of spermicide into the vagina before intercourse. Figure G shows how a tablet or suppository spermicide is used.

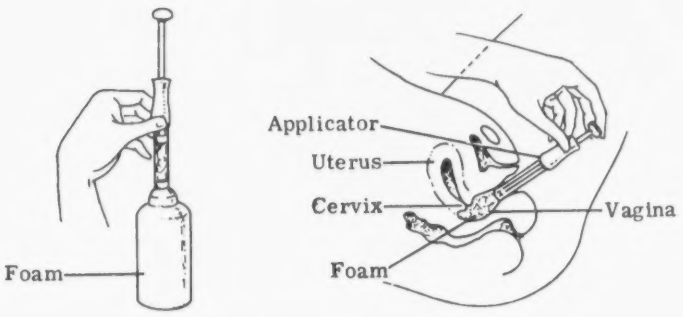

Figure 14F. Using a foam or cream spermicide.

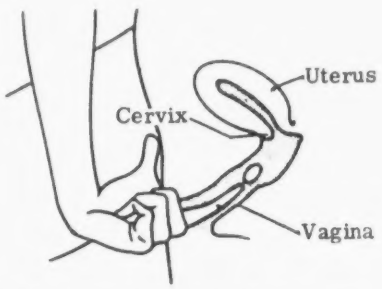

Figure 14G. Using a suppository contraceptive.

Advantages of using spermicides:

- Spermicides are easy to buy. They are available at most drug stores without a prescription.
- It is not necessary to see a doctor before using spermicides.
- They may help prevent the spread of venereal disease.

Disadvantages of spermicides:

- They are not very reliable in preventing pregnancy.
- Using them may interrupt the spontaneity of the sex act.
- They are messy to use, and may make the vagina too wet.
- They taste bad.
- They irritate the tissues of some women and men.

The Vaginal Contraceptive Sponge

The contraceptive sponge is a fairly new form of birth control. The sponge is roughly doughnut shaped, soft and rounded, with a small depression in the middle instead of a hole (Figure 14H). The sponge contains a spermicide.

How the sponge works

The sponge is inserted in the vagina before sexual intercourse. It must remain in place for at least six hours afterward.

- The sponge absorbs and traps the sperm as soon as they enter the vagina.
- It blocks the cervix and prevents sperm from entering the uterus.
- The spermicide in the sponge kills the sperm.

Figure 14H. The contraceptive sponge traps the sperm.

Advantages of the contraceptive sponge

- Used properly, according to package instructions, the vaginal sponge is a very effective contraceptive method.
- Once a sponge has been inserted, it can provide protection for 24 hours.
- The woman does not have to see a doctor before using the sponge.
- Contraceptive sponges are available from drug stores without a prescription.
- They are relatively inexpensive and easy to use.

Disadvantages of the sponge

- Some women and men may be allergic to the spermicide ingredient.
- The sponge should not be used during menstruation.
- Occasionally the sponge may be difficult to remove.

Intrauterine Devices (IUDs)

The IUD or intrauterine device is a small plastic object that is worn inside the uterus at all times. Insertion and removal are only done by health-care professionals, usually during the woman's period. There are several different kinds of IUDs.

At this time, manufacturers have stopped making and marketing IUDs. Many women have had problems with them, and have sued the companies that make them. Despite those problems, other women use and like this method of birth control. The future of IUDs is uncertain, and women are now being advised to use other birth control methods.

Contraception for Men

Men in some countries can choose among several methods of contraceptives, including pills and other medications, as well as the methods listed here. In the United States, however, only condoms of various kinds are available to men who want to take responsibility for birth control.

The condom provides the only good non-surgical birth control method for men. Condoms are available at any drug store or clinic, and do not require a doctor's prescription.

The Condom or Rubber

A condom is a thin sheath of latex rubber or tissue from a lamb's intestine. The condom fits over the erect penis and prevents the sperm from touching the female.

Some condoms are dry and others are lubricated. Some have small ridges around the sheath to increase stimulation for both the man and his partner. Some condoms have a small reservoir at the tip to collect the semen. They are made in various colors.

Using the condom

- The condom is held against the end of the penis, then unrolled down the shaft to cover the penis. A small protion of the condom should be left free at the end to collect the semen. (Figure 14I).

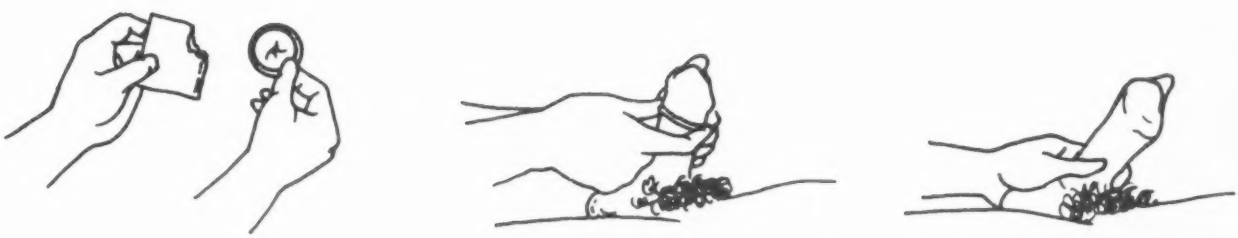

Figure 14I. Applying the condom.

- After intercourse, the man or woman holds the condom on the penis as it is removed from the vagina. All of the semen must remain inside the condom to protect against pregnancy. Figure 14J).
- Finally, the condom is removed from the penis and thrown away. A condom can be used only once.

Figure 14J. The condom must be removed carefully.

Advantages of the condom:

- Condoms are cheap and easy to buy.
- Condoms are easy to use.
- They provide some protection for both partners against venereal diseases.
- They have no bad side effects for either men or women.
- Condoms used with spermicidal foam provide very good birth control.

Disadvantages of the condom:

- Putting on the condom can interrupt the spontaneity of lovemaking.
- The condom may reduce the man's sensations and feeling of pleasure.
- A condom may break or spill semen, if used improperly.

The Spermicidal Condom

The spermicidal condom is similar to other types, except that it has a spermicidal coating. This spermicide kills the sperm that enter the condom, making it more effective than ordinary condoms. It is used the same way as other condoms.

Advantages of the spermicidal condom:

- Spermicidal condoms are easy to use.
- They are cheap and easy to buy without a prescription.
- They provide better protection than ordinary condoms.

Disadvantages of the spermicidal condom:

- Spermicidal condoms have the same disadvantages as regular condoms.
- Some men and women may be allergic to the spermicide used.

Withdrawal (coitus interruptus)

Withdrawal is the removal of the penis from the vagina before the man ejaculates sperm. Many people use withdrawal as their only form of birth control, but *it is not effective.* First, it requires perfect timing and discipline. Second, the penis secretes a fluid before ejaculation that also contains sperm, and can impregnate the woman.

During the early excitement stage of sexual activity, pre-ejaculation fluid usually oozes out of the penis. It is made in the Cowper's Glands, and it contains sperm. The man cannot feel the pre-ejaculation fluid coming, although he may feel a wetness after it has emerged. The sperm in this fluid can cause pregnancy.

Disadvantages of withdrawal

- Withdrawal is not a good birth control method.
- The man may not withdraw in time, or the pre-ejaculation fluid may cause the woman to become pregnant.
- It interrupts the pleasure of lovemaking.
- It may lead to impotency in the man and difficulties with orgasm in the woman.

CHAPTER 15. STERILIZATION

Sterilization is an operation that makes a man or woman sterile, or unable to reproduce. When a woman is sterilized, she cannot become pregnant. A man who is sterilized cannot impregnate a woman. Sterilization operations are usually performed by a doctor, in a clinic or hospital.

Anyone who is considering sterilization should be very sure that he or she does not ever want to have children. It is usually difficult or impossible to reverse a sterilization procedure.

Some people choose to be sterilized if they have all the children they want and do not wish to practice birth control any more. Other people are sterilized if they have genetic problems that could affect their children.

Sterilization Procedures for Women

Tubal ligation

The most common form of female sterilization is tubal ligation. The woman's fallopian tubes are tied shut so the egg cannot meet the sperm and be fertilized (Figure 15A). There are several ways of performing a tubal ligation. In each procedure, the doctor uses very small instruments to cut an opening, reach in, and tie a cord tightly around each of the fallopian tubes.

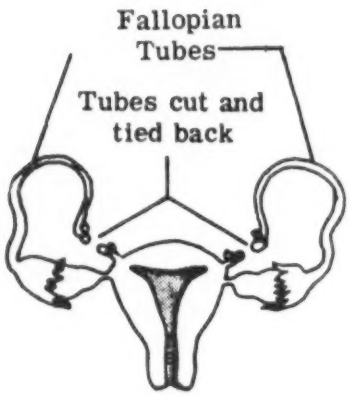

Figure 15A. The fallopian tubes are cut and tied.

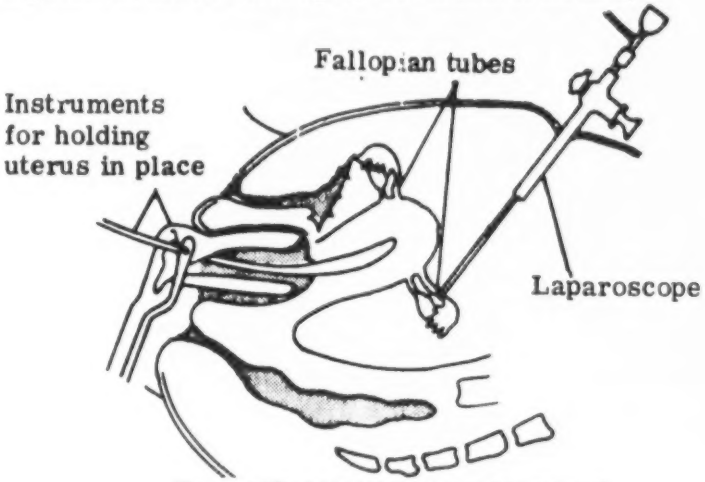

Figure 15B. Laparoscopy requires a small incision.

- *Laparotomy.* A large cut, four to five inches long, is made in the abdominal wall (only done as part of some other kind of operation).
- *Laparoscopy.* A small cut, usually about one inch long, is made in the abdominal wall, usually near the navel. Laparoscopy is also called "band aid" surgery, because the incision is so small (Figure 15B).
- *Culpotomy.* This procedure is also called culdoscopy." A cut is made through the far wall of the vagina, just behind the cervix. The advantage of this operation is that it leaves no scars.

Other surgical methods of sterilization

- *Hysterectomy* is the surgical removal of the uterus.
- *Ovariectomy* is the surgical removal of the ovaries.

Sterilization Procedures for Men

The only common form of male sterilization is called a vasectomy. In the vasectomy, the doctor cuts and ties off each vas deferens (see Figure 15C). This prevents sperm from leaving the testicles. The vasectomy is a very simple procedure. It is usually done in a doctor's office and it takes about 20 minutes.

After a vasectomy, sperm cannot leave the man's body through the penis. Some sperm will remain in the vas for six to eight weeks after the procedure. Other birth control methods should be used during that time.

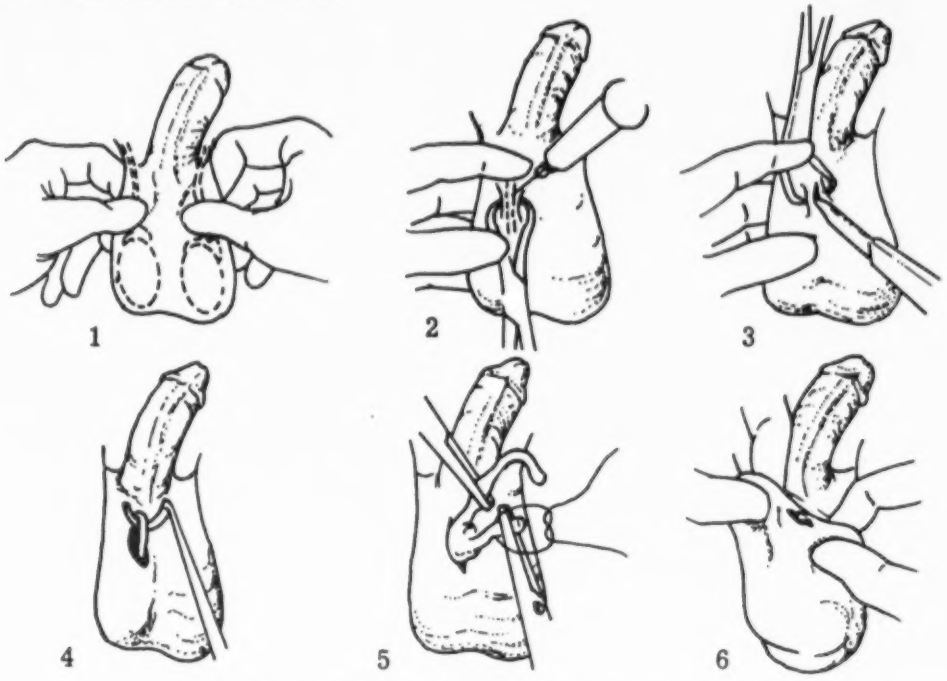

Figure 15C. A vasectomy is usually done in a doctor's office.

Advantages of the vasectomy:

- It is a good, safe method of birth control.
- There are very few health risks.
- The operation is relatively inexpensive.
- It allows the man to assume responsibility for birth control.
- It does not interfere with ejaculation or the pleasure of lovemaking.

Disadvantages of the vasectomy:

- It is permanent and cannot be changed.
- It may cause psychological problems for some men.

CHAPTER 16. ABORTION

Abortion is the termination of a pregnancy before the embryo or fetus is mature enough to live outside the uterus. Abortions happen intentionally or unintentionally. Unintentional (spontaneous) abortions happen because the fetus is not developing properly, or because the mother is not healthy or suffers an accident. An intentional abortion is a medical procedure that is carried out when the mother chooses to stop the pregnancy.

The Law Permits a Woman to Decide Whether to Have an Abortion

- Abortion is permitted by law in the United States from the first through the 24th week of pregnancy. Some States permit abortion only through the 20th week.
- From one to 12 weeks, abortion is generally simple.
- From 13 to 19 weeks, abortion presents greater difficulties and may be risky for the woman's health.
- After 24 weeks, abortion is illegal in every state. Any person performing an abortion on a woman who is more than 24 weeks pregnant is breaking the law.

What should be done before deciding about an abortion:

- The couple or the woman should get excellent counseling.
- If there will be an abortion, it should be done as early as possible.
- The abortion should be legal and safe. It can be done in a clinic, a hospital, or a doctor's office.

What not to do:

- **Do not get help from anyone except a health professional.**
- **Do not try to abort yourself.**

Kinds of Abortions

The kind of abortion performed depends mainly on how long the woman has been pregnant.

The dilation and evacuation (D and E) method.

- D and E abortions are usually performed in a doctor's office or clinic.
- They are generally used to terminate pregnancies within six to 12 weeks of the beginning of the woman's last period.
- The procedure requires a local anesthetic (only a portion of the body is numbed; the patient remains awake).
- The cervix is held open with a clamp, and a suction tube is inserted in the uterus. The embryo is drawn out through the vagina.

The dilation and curettage (D and C) method

- D and C abortions may be done in a hospital or clinic operating room.
- The patient is usually under general anesthetic (sound asleep).
- D and C abortions are usually performed from eight to 19 weeks after the beginning of the last menstrual period.
- A dilator is used to widen the opening in the cervix.
- A curette is used to scrape the embryo and the uterine lining out through the vagina.

Note: Doctors also perform D and C operations for other problems, not only for abortions.

The saline method of abortion

- This procedure is done in a clinic or doctor's office.
- It is usually used after the 12th week of pregnancy.
- A needle is inserted into the uterus and some of the amniotic fluid is removed.
- Saline solution (salt water) is injected into the uterus. The saline causes the uterus to expel the fetus.
- This procedure is usually safe for the mother, but on rare occasions it has caused shock and even death.

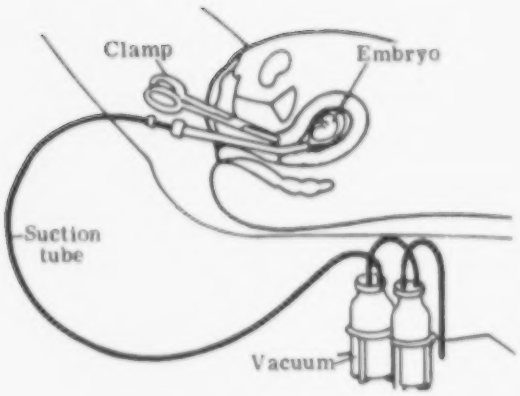

Figure 16A. D and E abortion must be done early in a pregnancy.

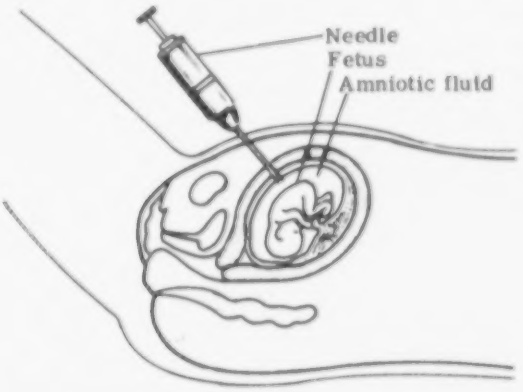

Figure 16B. A saline abortion may be done after 12 weeks.

Hysterotomy

- This is a surgical method of abortion that is rarely used.
- It must be done in a hospital, under a general anesthetic.
- It can be done any time during the pregnancy.
- The abdomen and uterus are cut open and the fetus is removed. It is similar to a caesarian birth, except that the fetus is not mature enough to survive outside the mother's body.

Unit V. Your Sexual Health

CHAPTER 17. KEEPING HEALTHY

Good health is very important. Healthy people feel good and look good to others. Good health often begins with an understanding of your own body and how it works. This section will help you understand some of the ways you can keep yourself sexually healthy.

If you notice changes in your body, particularly in your sexual organs, you should see your doctor as soon as possible. Your family doctor will probably be able to help you with medical problems connected with sexuality, or might refer you to a doctor who specializes in sexual health.

Health Care for Women

Every woman, no matter how healthy she is, needs well-trained professional care to maintain her reproductive health. Women need help in finding and using appropriate birth control, during pregnancy and childbirth, and at the time of menopause. The basic examination of a woman's reproductive system is called a pelvic exam. It is very important for every woman to have regular pelvic exams.

Finding a doctor

Gynecologists and obstetricians (OB/GYN), are doctors who specialize in the reproductive health, problems, and diseases of women. They can advise on birth control, care for women during pregnancy and birth, and are trained to help women keep themselves sexually healthy.

Many women prefer to consult nurse-midwives. Nurse-midwives are usually women, and they are well trained in routine reproductive health care, particularly in care of women during pregnancy and birth. Twenty years ago, there were only about 300 qualified nurse-midwives in the United States; today there are more than 2500. Many nurse-midwives work in community health clinics, or with physicans or hospitals, and their services are covered by some insurance plans.

When and how often?

Most health professionals suggest that a girl should have the first pelvic examination about two years after she starts having periods, or at least by age 18. The pelvic exam can be done at any age if a girl or woman has health problems.

Some doctors recommend that women who are less than 35 years old should have pelvic exams about once a year. After age 35, most women should have a complete exam twice a year. If a woman has any problems involving her reproductive system, she should see her doctor as often as necessary.

The Pelvic Exam

First, the outer genital area is checked for any problems. Then an instrument called a speculum (see Figure 17A) is inserted to open the vagina, so the doctor can look at the vaginal walls and the cervix (Figure 17B). The speculum is lubricated to avoid discomfort for the patient.

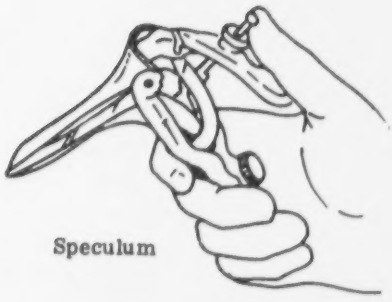

Figure 17A. The speculum opens the vagina.

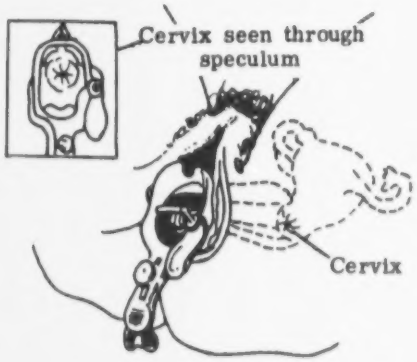

Figure 17B. The doctor can see into the vaginal opening.

A small amount of material is gently removed from the cervix for a PAP smear test. The PAP test can give early warning if cancer is present. (Taking of a PAP smear is illustrated in Figure 17C.)

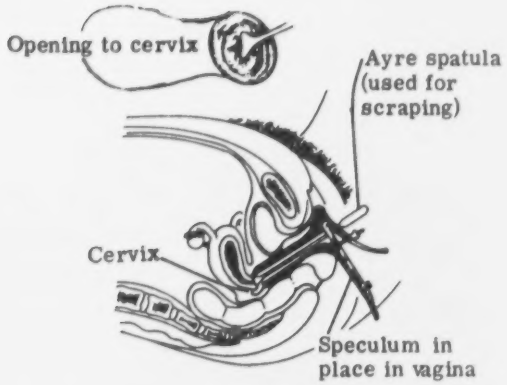

Figure 17C. A pap test can guard against illness.

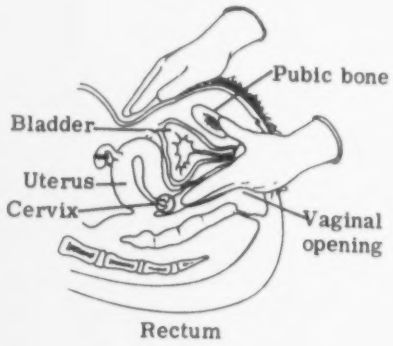

Figure 17D. Internal organs are checked in a bimanual exam.

A bimanual (two hands) exam is done to check the internal sexual organs. To do a bimanual exam, the doctor places one hand on the abdomen and one or two lubricated, gloved fingers of the other hand inside the vagina (Figure 17D). By pressing down on the abdomen, the doctor can explore the internal organs and check them for size, lumps, or other irregularities.

Examining the Breasts

The doctor will check the breasts for lumps, which will feel like hard places in the breast tissue. A lump may be nothing to worry about or it may be cancerous. The only way to be sure is to take a small sample of the lump and examine it for cancer cells.

Every woman should also learn how to check her own breasts (see Figure 17E). If she does not know how, a doctor or other health professional can teach her.

1. Place a folded towel under your left shoulder. Put your left hand under your head.
2. Think of your breast as a spiral. Begin at "A" and follow the arrows around to the nipple. Work towards the nipple.
3. Repeat with left arm down. Check armpit again.
Arms Hanging Loosely
Arms Raised
1. Look for any change in the shape or puckering of the skin.
2. Turn from side to side and look for any changes since last month.
3. Press palms of hands firmly together and look for any changes.

Figure 17E. Women should check their breasts regularly.

The breast exam can be done in front of a mirror or in the shower. Wet, soapy hands make it easier to examine every part of the breast. First examine both breasts in a sitting or standing position, then lie down and examine both breasts again.

Facts about the breast exam

- Every woman should check her own breasts once a month, about one week after her period.
- Most lumps in the breast are not cancer.
- Breast cancer is the second most common kind of cancer among women. (Most common is lung cancer, usually caused by smoking.)
- The highest rate of breast cancer is in women age 55 and older.
- Men also have breast cancer, but it is uncommon.
- If breast cancer is discovered early, it can usually be cured or controlled.

If a lump is found

It is important to notify your doctor immediately if you find a lump in your breast. The doctor can use a variety of tests to determine whether the lump is cancer. Usually, a small sliver of the lump is removed and examined for cancer cells.

If the lump is cancer

Cancers of the breast are removed surgically. There are several kinds of operations for breast cancer. Many patients take additional treatments, such as chemotherapy or radiation, after the surgery to make sure the cancer does not recur.

- Lumpectomy is an operation in which only the lump and a little surrounding tissue is removed.
- Mastectomy is the name for an operation to remove the whole breast. One or both breasts may be removed. Sometimes other tissue from the chest or upper arms also must be removed.

After the surgery, the doctor can advise the woman about plastic surgery or articles of clothing that will help her look very much as she did before surgery.

Health Care for Men

Men should also have their sexual organs checked occasionally. A family doctor or urologist should check the male reproductive system beginning at about age 18. Like women, men can also check their own bodies to find small problems before they become dangerous.

Urologists

Urologists are doctors who specialize in problems with the urinary tract in both men and women. Urologists are also trained to help men with problems involving the male sexual organs. Urologists and gynecologists can be either men or women.

Examining the testicles

Every young man should check his own testicles regularly for small lumps or cysts, beginning at around age 18. The examination is usually done during a shower. The man simply lifts the testicles one at a time, rolling them between the thumb and first two fingers. (See figure 17F.)

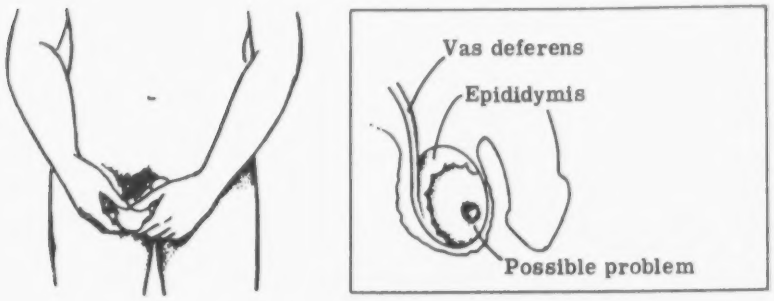

Figure 17F. Men can check their own testicles for lumps.

If he feels anything unusual, like a small lump or knot, he should see a doctor as soon as possible. Most lumps are not cancerous and will not cause serious problems.

Examining the prostate

A prostate exam is usually done by a family doctor or a urologist. The first prostate exam should be done when the man is about 35 years old. Men over 40 should have their prostate gland checked every year, more often if there are problems.

Figure 17G shows a normal and an enlarged prostate gland. An enlarged prostate gland can cause some of the following symptoms.

- Difficulty starting to urinate.
- Pain while urinating.
- Problems ejaculating.

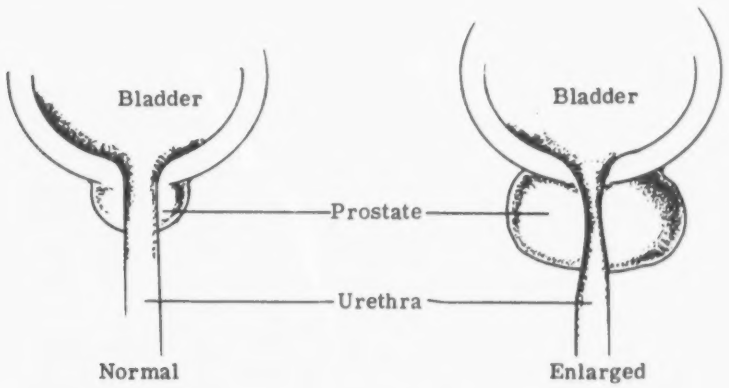

Figure 17G. The prostate: normal (left) and enlarged (right).

What does the doctor do?

The doctor usually examines the prostate through the man's rectum. The man may be asked to stand in front of a table, then lean over and rest his chest on the table. Or he may lie down with his knees drawn up to his chest. These positions make it possible for the doctor to feel the prostate and other organs in the man's pelvis.

The doctor feels the prostate gland with a lubricated, gloved finger (see Figure 17H). The size, shape, and hardness of the prostate gland will tell the doctor if there is a problem.

Curing prostate problems

If the prostate is enlarged, it may be necessary to cut away part of the prostate to let the tubes carrying urine and sperm pass through easily.

If the doctor finds cancer, all or part of the prostate may be removed in an operation called a prostatectomy. The doctor may use radiation or hormone therapy instead of or following the operation.

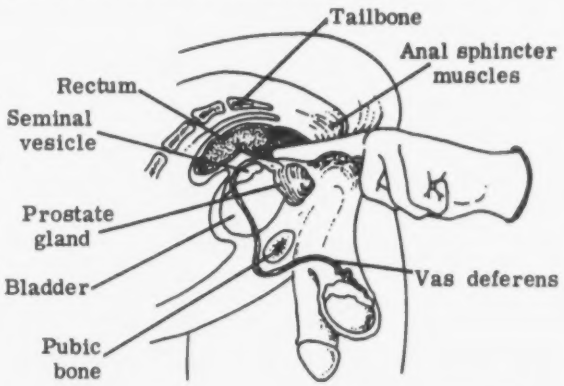

Figure 17H. The prostate should be checked regularly.

CHAPTER 18. SEXUALLY TRANSMITTED DISEASES

Sexually transmitted disease (STD) is another name for venereal disease (VD). Every year, 10 to 15 million Americans contract some kind of STD. About 75 percent of the people infected are between the ages of 15 and 30. Sexually transmitted diseases can be passed on by oral, anal, or manual sexual contact as well as by penis-to-vagina sexual activity.

The most common sexually transmitted diseases are syphilis, chlamydia, gonorrhea, AIDS, genital herpes, and nongonococcal urethritis (NGU). Each disease has different symptoms and is caused by a different organism. Some diseases are caused by viruses; others by bacteria.

Symptoms of Sexually Transmitted Diseases

Most STDs begin with similar symptoms. They might include:

- Sores, rashes, blisters, or itching of the mouth or genital areas.
- A burning sensation or pain during urination.
- Cloudy or strong-smelling urine, or urine that is an unusual color.
- Unusual discharge from the penis or vagina.
- Severe abdominal cramping.
- Persistent fever and an overall sick feeling.
- A partner who shares any of these symptoms.

Anyone who has any of those symptoms for more than a few days should see a family doctor or go to the school clinic, if they are available. A girl might see a gynecologist; a boy might want to consult a urologist (see Chapter 17).

How STDs are passed along

Most germs live best in warm, moist places—often the mouth, the anus, or the sexual organs. An STD is usually passed from one person to another during sexual contact. A disease can be passed from a man to a woman or another man; or from a woman to a man or another woman. An STD can even be passed from a mother to her child, either before or during birth.

Syphilis

Syphilis is usually spread through sexual activity. It is possible to contract syphilis through other kinds of contact: for instance, by touching an open syphilis sore with a finger. After the syphilis bacteria have passed from one person to another, it takes from 10 to 90 days before the newly infected person may show signs of the disease.

The syphilis bacteria are called spirochetes. Spirochetes penetrate the skin and seek a warm, moist place to grow. The mucous membranes in the penis, vagina, mouth, and anus are good places for the syphilis spirochetes to grow and multiply.

Symptoms of syphilis

Untreated syphilis passes through three stages with different symptoms.

In the first, or primary stage:

The person will get a chancre, a hard, red sore that does not hurt. It may appear on the penis, in the vagina, on the mouth, or in the anus. During this period, the syphilis is very contagious, and can be passed easily from one person to another. The chancre usually disappears in two to six weeks. This does not mean the person is well. The chancre may be gone, but the person still has syphilis and can pass it on to someone else.

Stage two

Usually begins from one to six months after the chancre appears. The infected person develops a body rash that does not hurt or itch. The rash generally appears as little bumps on the skin in different parts of the body. On white skin, the bumps are red, then become brown in color. On dark skin, the bumps appear grayish blue.

During this stage, the person may also develop other symptoms.

hair loss
headaches
nausea (sick to stomach)
pain in the bones, muscles, and joints
constipation (difficulty having bowel movements)
sore throat
poor appetite
low fever

Even without help, these symptoms usually go away in six to 12 weeks.

The third stage is very dangerous.

The person may have no symptoms at all for as long as 20 years. But during this time, the spirochetes are infecting the blood vessels, brain, spinal cord, and bones. Eventually, syphilis victims may become blind, deaf, or mentally ill. They may develop weak hearts, or be unable to control their muscles. After a few years of these symptoms, victims usually die.

Syphilis and pregnancy

Syphilis is very dangerous to pregnant women and their children. Spirochetes can pass from an infected mother to the fetus growing in her uterus. If a woman has intercourse with an infected partner while she is pregnant, the spirochetes can enter her vagina, penetrate the vaginal wall, and get into her bloodstream. Then when the blood carries the germs to the placenta, they can penetrate and infect the fetus. The baby may be stillborn, or born with bad joints, brain damage, or other deformities.

Diagnosis and treatment of syphilis

Syphilis is hard to diagnose, because its symptoms look like several other diseases. There is a sure, safe blood test for syphilis, called the Wasserman test.

Any person who thinks he or she might have been exposed to syphilis should see a doctor at once for a Wasserman test. All the sexual organs and the anus should be carefully checked for signs of the disease. Any unusual sore on the fingers, the mouth, or the genitals should be checked immediately—for both men and women.

Syphilis can easily be cured when it is caught early. The treatment usually consists of two shots or injections of penicillin or other antibiotic drug.

Gonorrhea

Gonorrhea, sometimes called the clap or the drip, is the oldest known sexually transmitted disease. It is caused by bacteria called gonoccocus and is usually passed from one person to another through sexual contact.

Symptoms in men and women

In men, within a day or two of exposure to gonorrhea, a thin, clear fluid or discharge comes out of the penis opening. The discharge later becomes thick and creamy. The fluid may be white, yellowish, or yellow green. The man feels a burning sensation when he urinates, and the urine may contain blood or pus. Sometimes glands in the groin become enlarged and sensitive to the touch.

About 80 percent of women who have gonorrhea may have no symptoms during the early stages of the disease. Sometimes the gonoccocus bacteria infect the cervix, and a greenish pus is discharged. The pus may be irritating to the external sex organs, and the urethra may also become infected, causing pain when the woman urinates.

If the disease is not treated, the infection can move into the uterus and fallopian tubes, causing pelvic pain. Gonorrhea can then make the woman sterile by blocking the fallopian tubes with scar tissue.

Non-genital gonorrhea

The mouth, throat, anus, rectum, or eyes of both men and women can also be infected with gonorrhea. Oral contact with an infected genital area can transfer the bacteria into the throat, causing gonorrheal infection of the throat and mouth. Anal intercourse with an infected person may infect the anus and rectum of the receiving partner. Touching the eyes after touching infected parts may infect the eyes. Occasionally a person's eyes can be infected by using a towel that was recently used by someone with gonorrhea.

Gonorrhea and pregnancy

Gonorrhea is dangerous to pregnant women and their children, and can be transmitted from mother to baby during birth. The baby can pick up the gonococcus bacteria in its eyes, and may become blind without prompt treatment.

Every state requires special eye drops for newborn babies immediately after birth. The drops can kill gonococcus and other bacteria that may have entered the baby's eyes. This law helps prevent the blindness that can come from infant gonorrhea.

Diagnosing gonorrhea

In men, a doctor can diagnose gonorrhea by examining the genitals and checking the discharge. To check the discharge, the doctor examines it under a microscope.

Another research method is to place a sample of the discharge on a material that provides food and moisture. Live bacteria will grow into a clump called a culture. The culture is then examined under a microscope. Laboratory tests can help determine what types of bacteria are causing the discharge.

In a woman, the vulva is checked for inflammation. Then a sample of discharge from the cervix can be grown into a culture and examined. The doctor may also check the pelvic area for pain.

Treatment of gonorrhea

Two injections of penicillin or another antibiotic drug are usually enough to cure most cases of gonorrhea.

Chlamydia

Chlamydia, the word and the disease, are not familiar to many people, but chlamydia is a sexually transmitted disease that infects more Americans than any other venereal disease. Every year, at least three million men and women get chlamydia.

Symptoms of chlamydia in men:

About 10 percent of men with chlamydia do not have any symptoms. Other men might notice the following problems, sometimes only early in the day:

- Painful urination.
- A watery or milky discharge from the urethra.

Symptoms of chlamydia in women:

About 70 percent of women infected with chlamydia do not have symptoms. Other victims of the disease might notice:

- Itching or abnormal discharge from the vagina.
- Bleeding from the vagina between periods.
- Frequent and painful urination.

Other problems with chlamydia

Chlamydia can cause sterility in men or women. It is also possible for a baby to become infected with chlamydia during birth.

Treatment and prevention

The symptoms of chlamydia are similar to the symptoms of gonorrhea. Chlamydia can be cured, but the medicine used to treat gonorrhea does not help against chlamydia. New tests will soon make it possible for doctors to tell the difference between chlamydia and gonorrhea. When the doctor is sure which disease is being treated, the right medicine can be used.

As with other sexually transmitted diseases, a patient should not have any sexual contact without a doctor's permission. Using condoms during sexual intercourse can help limit the spread of chlamydia.

AIDS: Acquired Immune Deficiency Syndrome

AIDS is rapidly becoming one of America's worst health problems. As this book goes to press, there is no known cure for AIDS. More than half the people who have contracted AIDS have died, and most other patients are very ill or dying. New cases are reported every

week. The evidence shows that AIDS is often related to specific kinds of sexual activity, usually homosexual contact between men.

What is AIDS?

The word AIDS is an acronym that stands for Acquired Immune Deficiency Syndrome. It is a disease that affects the white blood cells, the cells that fight infectious diseases of the body.

Healthy people have many white blood cells that protect them by fighting infectious diseases. A person with AIDS, however, begins to lose white blood cells as the AIDS virus attacks and destroys them. When this happens, the body loses the ability to fight infection. People with AIDS become ill with any of a number of diseases, and are unable to recover. There is no known cure, and most patients die within two to five years.

Who gets AIDS?

About 95 percent of the people who have contracted AIDS are from one of the following groups:

- Homosexual and bisexual men, particularly those who have had anal sex with male partners.
- Intravenous drug abusers, which means drug users who inject drugs into their veins with hypodermic needles.
- Hemophiliacs, or "bleeders." Some people have a blood disease that requires many blood transfusions from other people. AIDS is a disease of the blood that may be passed along by infected blood donors.

Doctors have recently developed a test for AIDS in blood. Using this test can help assure a disease-free supply of blood for people who need transfusions. All blood and blood donors are now tested for AIDS.

Preventing AIDS

The most important rule for avoiding AIDS infection is to limit sexual contact. This is especially important for homosexual males. The more sexual contacts a person has, the greater chance of contracting AIDS.

The second rule is to avoid having anal sex. Since AIDS is passed in the sperm and through the bloodstream, it is important to avoid sex when there are small cuts or tears in the anal or genital tissue.

A cure for AIDS?

Researchers now know that AIDS is caused by a virus carried in sperm and blood. So far, however, there is no medicine that will kill the AIDS virus, and no cure for the disease. A lot of research is still being done, and a cure or method of prevention may be found soon.

Herpes Type II

Herpes is another disease caused by a virus. There are two kinds of herpes. One is not harmful; the other is very contagious and dangerous to adults and children. They are both contagious. Both types of herpes virus can cause painful sores on a victim's body.

Herpes type I is the common, harmless virus that causes cold sores or fever blisters on the lips or mouth. The sores usually go away in a few days, and may never recur. This type is not dangerous.

Herpes type II is also called genital herpes. It is a serious, incurable, sexually transmitted disease that causes sores on the genital organs.

Symptoms of genital herpes

In genital herpes, small, painful bumps or blisters appear in the genital area. In women, the sores usually are found on the lips of the vulva. Men with the disease usually develop sores on the penis. The sores may also appear in and around the anus of both males and females.

After a few days, the blisters grow larger and burst, causing a lot of pain. Then they slowly disappear. This does not mean that the herpes is cured. Even when the sores are no longer visible, the person is still infected with the herpes virus.

In most patients, the sores return from time to time, usually from three to five times every year. The herpes virus is only contagious when the sores are present or just before they appear.

Herpes and pregnancy

Herpes may be transmitted from a mother to her baby at birth, if it is born vaginally while the disease is active (with sores present). Some babies who are infected with herpes may recover, but many develop brain infections and die shortly after birth.

Treatment for herpes

There is no known antibiotic or other medication that can cure herpes. People who contract herpes II will have it for the rest of their lives. Herpes II is very contagious when the sores are present. A herpes patient, either man or woman, may have normal sexual relations when the disease is dormant (no sores), but should avoid all sexual activity while the sores are present.

Researchers have found that women who have herpes are more likely to develop cervical cancer, so herpes patients should be sure to get regular checkups and pap smears.

Pelvic Imflammatory Disease (PID)

PID, also called salpingitis, is a serious infection that usually involves women's reproductive systems–the fallopian tubes and ovaries. Although there are different causes for PID, the most common are other STDs and the use of an IUD for birth control.

Symptoms of PID

PID has a wide variety of symptoms that are also common in other STDs. It is a very common disease, but difficult to diagnose. The symptoms might include the following:

- Pain and tenderness in the abdomen or lower back.
- Severe menstrual cramps.
- Pain during intercourse.
- Irregular menstrual periods, with heavy bleeding.
- Vaginal bleeding between periods.

- Vaginal discharge, burning during urination.
- Chills and fever
- Nausea, loss of appetite, vomiting.

Treatment of PID

Since the disease is difficult to diagnose, it may require a thorough medical and social history of the patient as well as a pelvic exam and lab tests. The disease can be treated with antibiotics on an outpatient basis. Immediate medical attention is essential, since PID can result in infertility or tubal pregnancy.

Nongonococcal Urethritis (NGU)

NGU, sometimes called non-specific urethritis, is another sexually transmitted disease that is caused by bacteria. It usually begins in the urethra of a man or woman. It is very contagious during sexual contact.

Symptoms of NGU

A man who has NGU may feel a burning sensation when urinating. He may also feel an itching sensation around his penis and have a pus-like discharge.

Women with NGU may also feel itching or pain around the vagina, but many women do not have any symptoms of the disease.

For patients with NGU, doctors usually prescribe an antibiotic to cure the disease.

Other Genital Infections

The following diseases can affect the genital areas of either men or women, but are considered less harmful and easier to cure than those usually thought of as venereal diseases These diseases may be contagious, passed back and forth through sexual contact, or may result from other causes.

Venereal Warts

Venereal warts are warts that appear on the genitals. They are caused by a virus. They do not hurt and are not dangerous, but they may be uncomfortable and do not look nice.

The doctor paints a special medicine on the warts. The warts then dry up and fall off in a few days. Very large warts may have to be surgically removed (cut off) in the doctor's office.

Vaginitis

Vaginitis is the general name for any inflammation of the vagina. There are three different kinds of vaginitis, and each can be transmitted to another person by sexual contact. Doctors can usually cure vaginitis without too much trouble.

Nonspecific vaginitis

Without other symptoms, the presence of an unusual vaginal discharge usually indicates that the woman has a nonspecific vaginitis (an infection for which the doctor cannot find a reason).

Prevention and treatment

Most vaginitis, specific and nonspecific, can usually be treated successfully with sulfa creams and vaginal suppositories. There are general rules that can help women avoid contracting vaginitis.

- Keep the genital area clean. Wash the vulva carefully every day and dry well.
- Do not use feminine hygiene deodorant sprays, because they can irritate the vagina.
- Wear cotton underpants. Cotton lets air circulate near the vagina.
- Avoid underpants or other clothing (pantyhose, tight jeans) that are too tight in the crotch or that cannot absorb moisture. Tight clothing can prevent air circulation and irritate the genital area.
- Eat a well-balanced diet that will help your body fight infection.
- Wipe the anus from front to back; this pushes most bacteria away from the vagina rather than into it.
- No one should go directly from anal to vaginal intercourse. The penis must always be washed before it enters the vagina.
- Use douches (washing out the vagina) moderately. Moderate douching, once a month, can help prevent vaginitis.

Monilia

Monilia is caused by a yeast fungus called Candida Albicans. Candida yeast is normally found in the vagina, but under certain circumstances, the amount of yeast increases beyond normal. When this happens, the yeast can create a thick, irritating white discharge.

How does monilia develop?

The following conditions may bring on monilia:

- Long-time use of birth control pills.
- Menstruation, diabetes, or pregnancy.
- Long-time medication with antibiotics.

Monilia and pregnancy

- Monilia can be passed from mother to child during birth. The yeast can invade the baby's digestive system and cause a disease called thrush.

Treatment of monilia

Monilia is treated with suppositories of a drug called mycostatin. The suppositories are inserted into the vagina where they melt, dispensing the drug.

Trichomoniasis

Trichomoniasis (trich) may be passed from one person to another through sexual activity, so it may be called a venereal disease. Either men or women can take medicine that will cure the disease.

Symptoms of trichomoniasis

Men have no symptoms of trich, but can pass it to sexual partners. Women with trich usually have a heavy, frothy, white or yellowish vaginal discharge. The discharge has an unpleasant fishy smell.

Treatment

Trich can be treated with medicine that can be taken orally or as a suppository inserted in the vagina.

Cystitis

Cystitis is an infection in the urinary bladder. It occurs most often in women. Cystitis is caused by specific bacteria that normally live in the intestine. When those bacteria get into the bladder, they can cause infection.

Sometimes very vigorous or prolonged sexual intercourse will irritate the urethral opening. This allows bacteria to infect the urethra and invade the bladder. This is sometimes called "honeymoon cystitis."

Symptoms of cystitis

The following symptoms are characteristic of cystitis:

- A desire to urinate every few minutes.
- Burning pain while urinating.
- Reddish color in the urine.
- Pus or blood in the urine.
- Backache.

Treatment

Cystitis is usually treated successfully with a sulfa drug taken by mouth.

CHAPTER 19. SEXUAL ABUSE AND SEXUAL ASSAULT

Sexual relationships usually involve two people who love or care for each other, and who want to give each other pleasure. Sexual abuse and assualt have nothing to do with loving or sharing pleasure. People who commit sexual abuse or assault are criminals who use sex to harm their victims mentally, physically, or both.

Sexual abuse or assault can happen to anyone at any age, in any place. There are different kinds of sexual abuse or assault, including:

- Rape (forcible sexual intercourse).
- Incest (sex between two family members).
- Using children to make pornographic pictures or movies.
- Any sexual behavior that involves an adult and a child.
- Talking "dirty" to someone who does not want to listen.

Rape

Rape is legally defined as a sexual assault during which violence or threats of violence are used to put the penis into the vagina or to force other sex acts. Rape is a demonstration of anger, hostility, and power of one person over another. It is usually done to hurt and humiliate the victim as well as to satisfy the rapist. Most rapists are male, but women can also be guilty of rape. Rape is against the law.

Rape can take place between strangers, between unmarried people who date each other, even between husband and wife. Whenever one person forces another to have sex, it can be called rape. Rape is committed most frequently by a date or acquaintance of the victim.

Statutory rape

Most states have laws that make it illegal for an adult to have sexual intercourse with a person younger than a certain age, even if the young person agrees. Statutory rape is the legal term for sexual intercourse involving any adult and any child younger than the age of legal consent. In most states, the legal age of consent is 16 to 18 years.

What to Do in Case of Rape

Anyone who has been raped needs assistance as soon as possible. Rape victims need:

- Medical assistance.
- Legal help and advice.
- Psychological counseling.

Medical assistance following rape

Physical injuries often result from rape, but may not be easy to see at first. The rape victim should see a doctor immediately. If the police are called, they will usually take the victim to a city medical clinic. The doctor should treat any cuts or bruises and should check for other problems, including internal injuries, venereal disease, and pregnancy.

Legal help and advice

The police should be called as soon as possible after a rape has taken place. Law enforcement officers can arrange for medical care and other assistance to the victim. They also need to know as much as possible about the rapist, so he can be caught and prevented from harming others.

Many rape victims decide not to call the police, even though a crime has been committed against them. People give different reasons for not wanting to notify the police.

- The victim is still afraid of the rapist and what he might do if the police get involved.
- The victim is embarrassed and wants to avoid publicity,
- The victim is afraid the police will not be understanding and helpful.
- The victim feels she might be blamed for the rape.
- Family and friends pressure the victim not to talk about the rape.

In recent years, most police departments have started programs to help rape victims. Specially trained policewomen handle many rape cases, and police are taught to be tactful and supportive to victims. Many cities have special clinics, often called rape crisis centers, that treat rape victims and offer counseling while respecting the victim's privacy.

Psychological counseling after rape

Rape can be very traumatic psychologically as well as physically. Rape victims often feel alone, guilty, helpless, angry, and afraid. A trained counselor can help victims deal with these feelings and put the experience behind them. The victim can see a private counselor, psychologist or psychiatrist; or seek help from a rape crisis center, women's clinic, or other social service agency.

Child Sexual Abuse

Child sexual abuse includes any sexual interaction between an adult and a child. Some experts think that almost half of all girls and about one boy in every five is victim of some kind of child abuse at some time before the age of 18. The adult may be a stranger, but most often it is a family friend or a relative. Child sexual abuse is a crime.

Child sexual abuse may include touching, talking, or looking, as well as more physical sex acts. Children should be taught that their bodies are private, and that no one has a right to touch them, look at their bodies, or talk to them about sex. They need to learn how to recognize and avoid sexual abuse, and to tell a parent, counselor, or teacher if any adult approaches them sexually.

Incest involving children

Incest is any sexual activity between an individual and a close relative (parent, brother or sister, grandparent, aunt or uncle). Incest is illegal, and when a child is involved, it is also child abuse.

Most incest is probably never reported. Some researchers think that incest most often takes place between brothers and sisters. It is also fairly common, and very harmful to the child, for a father or stepfather to have sexual relations with a young girl.

Any child who is a victim of incest should tell a teacher, counselor, or family member so that the behavior can be stopped, the child can be protected, and the family can get counseling.

Child pornography

Child pornography is the use of children under the age of 18 to make X-rated (sexual) movies or photographs. It is against the law, but there are people who earn a lot of money selling child pornography.

Any child who is asked to pose nude, or to make sexy movies, should immediately tell a parent, counselor, or teacher.

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Unit VI. You and Your Relationships

CHAPTER 20. BUILDING RELATIONSHIPS WITH OTHERS

A relationship is any kind of close connection or association between two people. The kinds of relationships you have with your parents or other family members are good examples. You also have relationships with close friends. Relationships can stay very much the same or change over time as people grow and mature. Sometimes people decide to change or end relationships, or to start new ones.

You cannot choose all of your relationships with others. Some of them are just there, like your relationships with your family. But you can choose your friends and acquaintances—the people you know at school, in your neighborhood, and other places you go. Not every relationship is serious or lasts a long time. Some are more casual than others. Some relationships may include sexual intimacy; most will not.

Good and Bad Relationships

Good relationships help people grow and feel good about themselves, but there are other kinds of relationships that can make people feel sad or anxious or hostile. It is important to think about how your relationships make you feel. It is sometimes helpful to share your feelings with the other person in the relationship. You should also pay attention to and respect the other person's feelings.

Good, positive relationships can be an important part of life. In a positive relationship:

- Both people are honest and trusting with each other.
- The relationship makes both people happy; they feel comfortable and relaxed together.
- Both people get good things from the relationship. It is not one-sided, with one person always giving and the other always taking.
- Neither person feels that the two of them always have to be together. They enjoy different interests as well as interests in common.
- A good relationship is not dominated by such feelings as jealousy and anger.

Decisions about Relationships

Relationships involve making decisions. Shall I try to get to know this person better? Shall I tell this person more about me? Should I spend time with these people? Who is the better friend for me? What kind of relationship do I want to have with this person? How far do I want this relationship to go? Is it time for this relationship to grow closer, or should I try to end it now?

Everyone makes decisions about relationships with others. Most of those decisions are not very important, but some are crucial. Chapter 2 deals with ways of making wise decisions and lists the six steps in decision making. Use these steps to make decisions about your own relationships.

The decision-making process

- Identify the question: What do you need to know?.
- Identify your choices, options, and alternatives.

- Evaluate the possible consequences of each choice.
- Make a decision.
- Re-evaluate your decision.

It is a good idea to review Chapter 2 and practice the steps for making decisions. They will help you make wise choices about your relationships with others. Some of your choices about relationships will be the most important decisions you will ever make.

Different Kinds of Relationships

A dating relationship

As people mature, they begin to notice people of the opposite sex. People feel attracted to each other for a number of different reasons. When this happens, the boy and girl (or man and woman) may want to date each other.

A date is a period of time that two people plan and spend together. For example, a boy and a girl might meet on campus on a Saturday afternoon and go to the movies together. After the movie, they might go out for a sandwich, then return to their homes or their dorms. A date is a way for people to get to know each other better, and to learn how to behave with members of the opposite sex. It should be fun, like spending time with any other friend, and it can be a learning experience. A young person might date several different people.

Going steady

Sometimes two people who have been dating become more serious about their relationship. They enjoy being together, and may decide they do not want to date anyone else. They begin to spend more time together, and they refer to each other as boyfriend and girlfriend. If they agree not to date other people, this is called "going steady." Each participant should have other friends, but their relationship to each other is very special.

A "steady" relationship requires that each person communicate fully with the other. Sometimes peoples' feelings change. One or both parties in a steady relationship may decide that they should not "go steady" any longer. At that time, the two people may "break up," or end their special relationship. They may decide not to see each other any more, or they may want to stay friends.

Emotions in a relationship

It is natural for people to have strong emotions before, during, and after a special relationship. Most people who go steady have strong feelings of fondness, or love, for each other. They may feel very happy together. They may feel possessive, or even jealous of each other. If the relationship breaks up, one or both parties may feel very sad. Sometimes the end of a relationship makes people angry.

Feelings are very real and very interesting. Positive emotions like love or happiness may grow or fade, but they usually leave good feelings behind. Negative emotions, like jealousy, anger, or sadness, usually disappear after a while.

A person who is upset by the end of a relationship should try to get busy with other activities, and spend time with other people. People can learn from their feelings. Mature people learn how to deal with strong emotions and feelings without hurting themselves or others.

A sexual relationship

Two people who have some type of regular sexual contact with each other have a sexual relationship. Before getting involved in a sexual relationship with another person, it is important to think about the feelings and the risks involved in that relationship. Each person must decide whether he or she wants a sexual relationship with the other party, or prefers not to have such a relationship. The parties should communicate their feelings honestly to each other.

Here are some questions every young person should think about before deciding to have a sexual relationship:

- Do I really want to have sexual intercourse now, at this time?
- Do I really want a sexual relationship with this person?
- Have I discussed my feelings about sex with my partner?
- Am I being pressured or forced into this relationship?
- Am I afraid that I will lose my boyfriend or girlfriend if I decide not to have sexual relations?
- How will I feel about myself and my partner, if we have sexual intercourse?
- How would my parents feel if they knew I had sexual relations?
- Have my partner and I talked about birth control?
- If a pregnancy results from our relationship, am I ready to handle that situation responsibly?
- Am I willing to risk catching a sexually transmitted disease? Do I know what to do if I should get an STD?
- Am I trying to prove something–to myself, my partner, my family or friends–by indulging in sexual intercourse?

You may be able to think of other good questions to ask yourself before starting a sexual relationship. All these questions are very important. Deciding to have sexual intercourse and a sexual relationship with another person requires careful, mature thinking.

Sexual relations are not some kind of game. If you start a sexual relationship with someone and then decide it is a mistake, you can always stop. The person does not own you, and you do not owe sexual intercourse to anybody. But it is much wiser not to start in the first place unless you are very sure of yourself, your partner, and your relationship.

CHAPTER 21. TEENAGE PREGNANCY

Every year, more than one million American teenagers become pregnant. Of these, more than 60,000 teenagers give birth. One out of every 10 girls aged 15 to 19 becomes pregnant each year.

Teenage pregnancy is everybody's problem. It can be found in every state and city, among all races and economic levels. Teenagers today become sexually active at younger and younger ages. Most do not use birth control methods regularly or at all. It is not surprising, therefore, that so many teenage girls become pregnant. But teenage pregnancy carries many risks.

Those risks can affect the teenage mother, her baby, her parents, the baby's father and his parents, and society in general. The risks include medical, emotional, social, and economic problems for everyone involved.

Young Mothers at Risk

A pregnant teenager faces many serious physical and emotional problems. She must cope with the worry and the anger of her parents. It may be difficult or impossible for her to stay in school or to keep a job. Her friends may shut her out of their activities. Her boyfriend may not wish to be responsible for the child, and may leave her when she needs help and support. Because her own body is still growing, the physical stresses of pregnancy can be difficult.

Health concerns

Teenage mothers have an increased chance of several health problems:

- Toxemia, a blood problem.
- Iron deficiency anemia, caused by a shortage of iron in the blood.
- Long and difficult labor.

The death rate from problems during pregnancy is higher than average for teenage mothers.

Children of Children

At least 14 percent of all teenage pregnancies end in miscarriage. If the teenage mother carries her baby to term, it faces increased risk of birth defects and other difficulties. Pregnant teenagers are unlikely to get proper prenatal care, especially during the important first three months of pregnancy.

Getting a poor start

Babies born to teenagers face a greater risk of low birth weight and of premature birth. The chances that the baby will be born mentally retarded, blind, or with brain damage are much greater than average.

Poor health is likely to continue to affect the baby, because of inadequate health care and diet. Many young parents cannot cope with the stresses of raising a child, and their babies may become victims of child abuse and neglect.

Grandparents Too Soon

A teenage pregnancy can cause economic and emotional problems for both sets of parents. The parents will probably be angry with their teenage children, but will still care about what happens to them and want to help them. Many parents of teenage mothers decide to help support their daughter and her child. This emotional and financial support could change their lives and their plans for the future.

Young Fathers

A boy whose girlfriend becomes pregnant is also deeply affected by the pregnancy. In most states he has no legal right to take part in making decisions about the pregnancy or the child's future. But he does have a responsibility toward the girl and her unborn child.

Often, a pregnant teenager will reject the child's father, and he has to deal with that rejection and the possibility that he will never see or have a relationship with his child. If the couple decides to marry, the young man is likely to drop out of school to get a job. With little education or job training, he will have trouble supporting a wife and child.

Meeting responsibilities

Most young couples decide not to marry, and most teenage mothers decide to keep their babies. The father has certain responsibilities in this kind of situation.

- He should learn about the options available and discuss them with his girlfriend. The options might include getting married, giving the child up for adoption by another family, or abortion. The girl might decide to raise the baby by herself or as part of her parents' family.
- He should go with his girlfriend to the doctor's office or maternity clinic to support her, to learn more about the pregnancy, and to accept his share of responsibility.
- He and the girl should deal with and discuss their feelings about the pregnancy and their future. An unplanned pregnancy is difficult for both partners; the father should be available to talk about the problems involved.
- He should learn about his emotional and financial responsibilities to the child and the mother. In some areas, support groups have been started for teenage fathers. Participation in this kind of group can help a young man deal with his feelings and get help in meeting his responsibilities.
- He should think seriously about his own future. He has to balance his responsibility to his girlfriend and their child against his own need for education, a career, and a life of his own.

Adoption: One Possible Choice

Teenagers who face parenthood are often afraid and confused. They may realize they are not ready for the responsibilities of parenthood, but may not wish to abort the pregnancy. In such cases, placing the child for adoption by another family may be a good choice.

Every pregnant teenager must make the decision she feels is right for herself and her child. She should discuss her decision with the father, if possible, and with her own parents. Local

counseling, social service, and health agencies are usually available to help young people considering adoption. It is a difficult decision, but most teenagers will have plenty of opportunity and time to have and raise other children, when they are mature and ready to be parents.

Impact on Society

Teenage pregnancies cost American taxpayers at least $8.3 billion every year in welfare and other kinds of assistance for the young mothers and their children. Children of teenage mothers who grow up unwanted or not properly cared for can become problem children, costing still more money for special school programs, health care, and juvenile justice systems.

It is important for teenagers–both girls and boys–to understand the problems involved in teenage pregnancy, not only for themselves, but for everyone around them. Teenagers who learn how to deal with their sexuality and make responsible sexual decisions can take charge of their own lives and plan the future they want without the serious consequences of teenage parenthood.

CHAPTER 22. MARRIAGE AND THE FAMILY

Marriage is one of the most important kinds of human relationships. It is the basis for the family, the foundation of human society. There are many diverse cultures in the world, with many different customs surrounding marriage and family life. No one really knows how the custom of marriage began.

Anthropologists think that marriage customs developed through three historic stages:

- ***The Mating Stage.***

At the beginning of human civilization, the relationships between men and women were probably very brief, mainly for the purpose of having children.

- ***The Legal Stage.***

During later eras, societies began to define the rights of each mate. Customs and laws were established to control marriage and children.

- ***Personal and Moral Stage.***

During this period of history, societies began to define the ethical rights and responsibilities of marriage. Those values included cooperation and trust, the roles of husband and wife, the responsibilities and privileges of parenthood, and religious views of marriage and family.

Changing Attitudes Toward Marriage

Almost every society has certain customs surrounding marriage. For example, most societies strongly encourage young men and women to marry and have children; and most societies assign traditional roles to each person in a marriage. Traditionally, the husband has been expected to earn the money needed to support the family. The wife is expected to keep house, prepare meals, and care for the children.

In modern societies, those traditional roles are changing. Most married women now work outside the home and contribute to the family budget. Most men have taken over some child-care and household tasks that used to be considered the wife's work.

Another difference is that people are marrying later in their lives. Only a few years ago, the average bride or groom was 20 years old or younger. Currently, the average man is 24 when he marries; the woman is 22. Increasing numbers of people are choosing not to marry until they are considerably older, or not to marry at all.

Living together

Traditionally, young people lived with their parents until they were married. Today, many couples choose to live together without marrying. Eventually, most couples who stay together decide to marry each other, but some decide to stay unmarried. People have different opinions about whether unmarried couples should live together: some people think it is a good idea and others think it is wrong.

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Staying single

Some people choose never to marry. Others marry one time, then lose their partners through death or divorce, and stay single for the rest of their lives. Every year in the United States, a greater number of people are living alone.

Marriage as an Institution

Marriage is called an institution because it is controlled by the customs of the culture in which it occurs, regulated by religious institutions, and protected by law. Marriage and the family are the most important institutions in any society, because marriage is the basis for the birth, care, and education of children.

In the United States, more than two million people marry each year. About 93 percent of all Americans marry at least once by the time they are 40 years old.

Requirements for Marriage

Legal age

The legal age for marriage varies from one state to another within the U.S. Most states set a minimum age of 18 years. In some parts of the country, boys may marry as young as age 15 and girls at age 14, with their parents' permission. But in most states, people younger than the legal age may not be married except by permission of the courts.

Licensing

In most countries, a couple must get a license to marry. The license means they have the permission of the local government. In the United States, couples must pass a blood test for sexually transmitted diseases before they can obtain a marriage license.

Witnesses

Most religious and civil laws require that a couple be married in the presence of two or more witnesses. This custom was initially established to prevent fraud or the use of force in the wedding ceremony.

Incest taboos

Most cultures forbid the marriage of very close relatives, usually meaning brothers and sisters, mothers and sons, fathers and daughters, and often forbidding people to marry aunts, uncles, or close cousins.

Different Kinds of Marriage

Monogamy

Monogamy is the most common form of marriage, involving one man and one woman.

Polygamy

Polygamy is the practice of having more than one spouse without divorcing or separating from a previous spouse. Although most marriages in the world are monogamous, polygamy appears to be the most popular form of marriage.

In a survey of 565 of the world's cultures, 75 percent of people interviewed said they would prefer polygamy, while only 25 percent preferred monogamy.

There are three different types of polygamy.

- *Polygyny* is the practice of one man having more than one wife at any given time. Polygyny is practiced largely by wealthy men and the ruling classes of certain cultures, because the man must be rich enough to support more than one wife and her children. Polygyny evolved in primitive cultures, in which a man who killed an enemy would then claim the enemy's wife.
- *Polyandry* is the practice of one woman having more than one husband at a given time. This kind of marriage is rare, found only among some American Indian tribes and in parts of the Eskimo, Tibetan, and Eastern Indian cultures. Polyandry usually evolved in cultures that had a shortage of women. It usually involves a woman marrying a man and his brothers.
- *Group Marriage* is a structure in which a group of people decide to live together, with each man considering himself to be married to each woman, and each woman considering herself married to each of the men. Group marriages are relatively rare and are not legal in any state.

Common-law marriage

This kind of marriage is possible in many countries, including some parts of the United States. When a man and woman have lived together for a certain number of years as man and wife, particularly if they have children, it may be considered a "common-law marriage." They do not need to have a license or participate in a ceremony. It is important to know that common-law marriage is not recognized or legally binding in most states.

Homosexual marriage

There is no such thing as homosexual marriage in most states. Many homosexual couples, however, establish long-term family relationships, live together, and consider themselves married. Some homosexual couples participate in unofficial "marriage" ceremonies, even though they are not legally recognized.

Marriage Customs in Other Cultures

Capturing a wife

In primitive cultures, warring tribes often captured girls and women from each other and forced them into marriage. Even today, some backward societies have a practice of forcing a young woman to marry a man who abducts and rapes her. A man who is rejected will sometimes kidnap the woman he wants to marry, knowing her family will pressure her to marry him.

The bride price and the dowry

Wife purchase later replaced wife capture in most traditional cultures. This usually happened in slave-owning societies; the purchased wife was considered the property of her husband.

Even in some cultures today, a traditional "bride price" must be paid by the groom to the bride's family. Very desirable young women can command high prices, and poor young men often cannot afford to purchase brides.

In other societies, a bride is expected to have a "dowry," a large gift of money and household items to be presented to the groom or his family. Again, poor families often have trouble raising dowries so they can "marry off" their daughters. A husband may resent his wife and treat her badly if he feels she did not bring a large enough dowry.

Arranged marriages

In India, Japan, and some other traditional cultures, many marriages are still arranged by the parents, often using a professional "matchmaker." The families usually also negotiate the transfer of specified amounts of money and property, to help the young couple get started. The arrangements may be made when the boy and girl involved are still very young, although the marriage usually does not take place until the couple are in their late teens. Most arranged marriages involve more than a relationship between two people; they are considered to unite the two families.

This is very different from the customs of western Europe, the United States, and Canada. In these countries, most young people are free to date each other and decide whom they will marry and when. People who defend the traditional custom of arranging marriages say that marriage is too important a decision to leave to young people. Many arranged marriages are very happy and last for the lives of the people involved. Others are very unhappy, but so are marriages in more modern societies.

Wedding Traditions

Most marriages begin with a wedding ceremony. About 85 percent of American weddings take place as part of a religious ceremony in a church or synagogue, a private home, or the minister's home or study. Some wedding customs, like those that follow, are left over from very ancient times.

- In most marriages, the bride is "given away" by her father or another male relative. (In Jewish ceremonies, both parents accompany the bride to the altar.) The best man is an

attendant to the groom. This custom goes back to ancient times when friends would go with the groom to help him capture the bride.

- Throwing old shoes or tying them to the honeymoon car is a tradition that goes back to ancient Egypt. There the bride's father would hand one of her sandals to the groom, symbolizing the transfer of authority.
- Orange blosssoms were used by the ancient Saracens, to express a hope that the young couple would have many children.
- Throwing rice or other grain originated as another symbol of the wish for fertility and children.
- It is a custom for the bride to wear "something old, something new, something borrowed, and something blue." The things that were old, new, and borrowed symbolize that the marriage ties together tradition and community with the new family. The blue came from ancient Israel, where bridal robes had blue borders to symbolize purity, fidelity, and love.
- The custom of carrying the bride over the threshold of her new home goes back to the time when men usually captured their intended brides.
- The engagement ring is a leftover from the tradition of a "bride price," something valuable given to the bride by her groom.
- The diamond in the ring originated in Italy, where diamonds were believed to symbolize the "flames of love."
- The wedding ring also goes back to the days of captured brides. When a man caught his intended wife he might tie her wrists and ankles to prevent her escape. The plain, circular shape of the wedding ring also symbolizes the permanent nature of traditional marriage.
- Long ago in France, the bride would throw her garter, and the girl who caught it was expected to be the next bride. Today the bride throws her bouquet of flowers for the same reason. The groom throws the bride's garter, and the man who catches it is supposed to be married next.
- In ancient times, an astrologer might be asked to set a date for the wedding, based on the positions of the stars and the phases of the moon. This, together with the tradition of eating honey at the wedding feast, may have given the name "honeymoon" to the trip many couples take right after the wedding, before settling down.
- The veil over the bride's face symbolizes an ancient custom of secluding young women from the eyes of men.
- Bells ring and car horns blow as the couple leaves the ceremony. This tradition comes from ancient ideas of the need to ward off evil spirits.

After the Wedding

Dating, going steady, being engaged, and planning a wedding are usually exciting and a lot of fun. Many couples find themselves married and setting up a new home and family without any clear idea of what is involved in a marriage relationship.

For most people, marriage is the closest relationship in their lives. It involves loving and caring for another person; working with a partner to build a life, a home, and a family; and helping each other through problems and difficult times as well as sharing the good times.

We have seen that most people marry at some time in their lives. Although divorce is common, particularly in the United States, at least half of all marriages survive for as long as both people live. A good marriage provides a lot of things people need:

- A trusted friend and helpmate, someone who is always "on your side."

- A sexual relationship you can count on.
- Stability and support for setting up and maintaining a home.
- A mate who will make it possible for you to have children (if you both want children), then help raise them.
- Someone to support and help you in time of sickness or other problems.
- Status in the community—it is easier to be a couple in a society where most people come in pairs.

Building a marriage

To receive the benefits of marriage, it is important for both people to work to build a good partnership. Like any other relationship, the marriage has to be good for both people. One person cannot do all the giving while the other does all the taking.

Every marriage is different, depending on the people in it. But there are some basic rules that can help any couple build a good relationship.

- Be kind and considerate toward your partner, every day. Treat him or her at least as well as you treat strangers, or the way you would like to be treated.
- Be reliable and trustworthy. Marriage means being able to count on someone. Keep your promises, tell the truth, and live up to your responsibilities. You have the right to expect that of your partner.
- Let your partner lean on you when he or she needs support. Soon it may be your turn to need help and comfort. In a good marriage, each partner should expect to be strong sometimes and dependent at other times.
- Keep communications open. Learn to listen to each other and respect each others' feelings. When a couple can discuss, openly and honestly, such matters as sex, money, jobs, families, feelings and worries, there are very few problems they cannot solve together.
- Make important decisions together. Talk over and agree on such matters as where to live, how to spend the family's money, whether to have children, major purchases, and social and vacation plans.
- Both partners have a right to some time and energy for themselves. They do not have to be together every minute. Each should have the flexibility to pursue a hobby or a sport, to take classes, to see old friends, to spend time alone. If each member of a couple has a few special interests, they will enjoy their time together more.
- Be generous. Go a little further than halfway to help your partner, to understand his problems, to make her happy. Generosity and consideration create an atmosphere of warmth and love that can be felt by everyone who comes into the home. If both partners extend themselves, the marriage will be full and rewarding for both.

Marriage Problems

All married couples have problems from time to time. Most problems result from differences of opinion about sexual behavior, money, children, and other family members. Couples usually work out most of their problems and go on with their lives, but some problems are very difficult to solve without help.

Seeing a marriage counselor

Marriage counselors are trained professionals who can help couples deal with their problems. If two people want to try to save their marriage, they should talk over their problems

with a good marriage counselor. Your doctor, priest, rabbi, or minister can probably recommend a good marriage counselor.

Sometimes, even after talking with a counselor and trying hard to save the marriage, a couple will decide to end their relationship. Marriages fail for many different reasons.

- The partners may refuse or be unable to understand, communicate, and compromise with each other to solve their problems.
- Some couples simply find that their marriage makes them unhappy.
- People grow and change; they may grow away from each other.
- A couple may feel they are not getting what they need from the marriage.
- One partner may find another person he or she prefers to be with.

Sometimes the breakup of a marriage is clearly one person's fault. One partner may be irresponsible and untrustworthy, spending the family income foolishly, using alcohol or drugs, or having a sexual relationship with someone else. Sometimes one partner will be violent and abusive. When it is not possible to continue a marriage, the couple will usually seek a legal separation or a divorce.

Separation and divorce

Divorce in some form is probably as old as marriage. The Roman Catholic Church and some other religions oppose divorce, but every culture permits couples to separate and end their marriages for one reason or another.

Almost every country in the world permits divorce, with a few exceptions like Brazil, Argentina, and Chile. Every state in the United States permits divorce for a variety of reasons, including cruelty, desertion, alcoholism, adultery (having sexual relations with someone other than one's spouse), and commission of a felony.

Many states have a system called "no-fault" divorce, in which a marriage may be dissolved if both people agree that there are "irreconcilable differences." People who live in places where divorce is difficult to obtain often go somewhere else if they want to end their marriages.

The divorce rate in the United States has increased steadily for the past 25 years. There has been a slight decrease in the last few years. At present, the divorce rate is almost 50 percent. Divorce is most likely for people who marry before age 25. Many more women than men start legal proceedings for divorce.

CONCLUSION

Sexuality is both a pleasure and a challenge. It is exciting to be a man or a woman—to have the potential for mature sexual relationships, love, and family life. But sexuality is also challenging, partly because male and female sexual roles are changing so quickly in today's world. In a changing world, people have to be able and willing to be flexible in what they expect of themselves and others.

Only one or two generations ago, sexual roles were limited and predictable. Certain jobs, activities, interests, and ways of behaving were considered suitable only for females; others were only for males. Nowadays, very few aspects of life are fixed and unchanging. All kinds of possibilities are open—for both men and women.

People are free to get married or to remain single. Couples can choose to have one or more children, or no children at all. Many women hold important jobs and earn a living for themselves and their families. Many men choose to care for their children and manage their homes. Most people share a wide variety of family responsibilities.

But along with the freedom, it can be difficult and confusing to live in a changing world; change brings with it the need to make choices. Some of the most important choices people make are sexual decisions—choosing how to express sexuality, and how to deal with the sexuality of others. These decisions can be frightening, but they can also be rewarding.

Chapter 2 of this book outlines good strategies for decision making. In order to express sexuality in a responsible manner, it is important to make careful decisions, considering the needs and feelings of others as well as one's self. Good choices are the keys to a happy, rewarding life. If young people learn nothing else from this book, the authors hope they will study and use the steps for wise decision making.

We hope that the information provided in this book will help increase your understanding, appreciation, and respect for your own sexuality and that of others. Human sexuality is a lifelong adventure. The information and suggestions in this book were designed to help young people make wise sexual decisions and to express their sexuality joyously and responsibly.

INFORMATION ON SEXUALITY
GLOSSARY OF EXPRESSIONS

AIDS — Acquired Immune Deficiency Syndrome, generally a sexually transmitted disease. A condition that lowers the body's resistance to disease. AIDS is incurable and usually fatal.

Abortion — The removal or rejection of an embryo or fetus from the uterus before birth.

Abstinence — Choosing not to have sexual intercourse.

Abuse — To harm or hurt, to treat badly.

Adolescent — A teenager. A time of growth and change between childhood and adulthood.

Amniocentesis — A test for birth defects. A small amount of amniotic fluid is removed with a hypodermic needle and tested to find any problems with the developing fetus.

Amniotic Fluid — A liquid that surrounds and cushions the developing embryo and fetus, contained in the amniotic sac.

Amniotic Sac — A bag or sac of liquid located in the uterus during pregnancy. The embryo or fetus grows in this sac and is protected by it.

Anatomy — Body construction; a study of the way a human body is made and how it works.

Antibody — A substance generated within the body that combats antigens, usually by making them unable to react.

Antigen — Any substance that, when introduced into the body (usually by a microorganism or germ) is combatted through the creation of antibodies. If the body cannot generate enough antibodies to neutralize the antigens, the antigens can act as poisons, harming body cells. Germs produce antigens, which is one reason why people feel ill when they are infected by germs.

Anal — Referring to the anus.

Anal Sex — Inserting a finger, penis, or other object into the anus for sexual stimulation.

Anus — The lower opening of the digestive tract.

Antibiotics — Medicines that kill bacteria and germs.

Appropriate — Proper, acceptable.

Attempted Rape — When one person tries to rape another person, but does not succeed.

Birth Canal — The vagina, the route a baby follows during a natural birth.

Birth Control — Control of the number and timing of births by preventing pregnancy when children are not desired, and attempting to conceive when children are wanted.

Birthing Room — In hospital, a homelike setting for natural birth, with anesthesia, oxygen, and other emergency equipment available to be used as needed.

Bisexual — An individual who is sexually attracted to or who participates in sexual activity with partners of either sex.

Breasts — Organs made up of fat and connective tissue that surround the milk glands of mature female mammals. Rudimentary breasts are also found in males and in immature females. Milk production begins in the adult female only after pregnancy. (Slang: boobs, tits.)

Breech Birth	A birth during which the baby emerges buttocks first.
Buttocks	The fleshy muscle structure at the backs of the hips, where a human being sits. (Slang: butt, rump, ass.)
Cesarian Section	A birth operation in which a surgical cut is made in a woman's abdomen and the uterine wall to allow for removal of the baby.
Celibacy	A way of life in which the individual does not have any sexual activity.
Cervix	A small opening at the bottom of the uterus. When a woman gives birth to a baby the cervix dilates (the opening enlarges).
Chancre	A hard painless sore that appears in early syphilis, usually on the sex organs.
Circumcision	An operation to remove the foreskin. The foreskin is a tube of skin that covers the end of the penis.
Clitoris	In girls and women, a small, sensitive organ located above the opening of the vagina. It produces a pleasurable feeling when stimulated, particularly during sexual intercourse.
Chromosome	A structure within the nucleus of a cell that contains genes or genetic messengers.
Conception	The beginning of pregnancy, when the sperm cell unites with an ovum and an embryo begins to form.
Condom	A rubber sheath worn over the penis during sexual intercourse as a form of contraception, to prevent sperm from entering the vagina. (Slang: rubber.)
Contraception	The prevention of pregnancy by means of devices or chemicals that prevent the fertilization of an ovum or egg); birth control.
Contraceptives	Any device or medication that prevents fertilization of an ovum by a sperm.
Contractions	Muscular movements of the wall of the uterus, causing it to become smaller.
Decision Making	Choice; a process of choosing among different alternatives or behaviors.
Diagnosis	A way of identifying diseases from their signs and symptoms.
Diaphragm	A rubber disc that is inserted into the vagina and over the cervix before intercourse, to prevent sperm from entering the uterus.
Dilate	To enlarge an opening.
Discrimination	Unfavorable treatment; prejudice.
Douching	Washing out the vagina.
Ejaculation	In men and boys, the abrupt discharge of semen from the penis during orgasm. (Slang: coming.)
Ejaculatory Ducts	In men and boys, ducts connected to the seminal vesicles that hold the mature sperm until they leave the body.
Embryo	A developing organism. For the first eight weeks of development in the uterus, a fertilized human ovum is called an embryo.
Embarrassed	Self-conscious, uncomfortable, awkward.
Emotions	Feelings.
Environment	Surroundings or situations that influence development.
Epididymus	In men and boys, a network of tubes attached to each testicle which receives the sperm cells from the testicles and keeps them until they mature.

Erection — A condition of the penis in which it becomes hard and stiff. This condition is brought about when the penis becomes filled with blood. (Slang: hard-on.)

Estrogen — Female sex hormone produced in the ovaries; when released into the bloodstream, this hormone begins the visible changes that turn a girl into an adult woman.

Exhibitionist — An individual who gets sexual excitement from exposing his or her sex organs.

Fallopian Tubes — In girls and women, hollow tubes leading from the ovaries to the uterus; they carry eggs from the ovaries to the uterus.

Family — A group of people related by birth, marriage, or adoption. A family might consist of a husband and wife, a couple and their children, one person and his or her children, two or more siblings, or any other such group.

Family Planning — Using birth control to space births so that children are born at a time when they are wanted and can be adequately cared for. Thinking about when to have children.

Fantasizing — Daydreaming, imagining; making up stories in one's mind.

Fertilization — A sperm entering an ovum or egg, combining its chromosomes with the chromosomes of the ovum, and making it possible for the ovum to grow into a new individual.

Fetal Monitor — Electronic equipment that is used to check on the vital signs of a fetus during the birth process.

Fetus — The developing infant inside a woman's uterus from eight weeks until birth.

Foreplay — Sexual petting that may lead to sexual excitement and sexual intercourse.

Foreskin — A tube of skin covering the end of the penis. The foreskin is present at birth; sometimes it is removed by an operation called circumcision.

Fraternal Twins — Twins who develop from two different, separately fertilized ova or eggs. They may look very different from one another.

Gay — A term for homosexual men or women. A homosexual woman may also be called a lesbian.

Genes — The basic units located in each chromosome that carry inherited physical traits.

Genetics — The science of heredity; inherited traits.

Genital Herpes — A sexually transmitted disease resulting in painful sores on the penis, scrotum, vagina, labia, cervix, or anus.

Genitals — The sex organs.

Gestation — The time from fertilizaton of the ovum or egg to the birth of the baby.

Gonococci — The type of bacteria or germs that cause gonorrhea.

Gonorrhea — A sexually transmitted disease often characterized by a burning feeling during urination and pus coming out of the urethra.

Gynecologist — A doctor who is specially trained in the reproductive system of women.

Heredity — Refers to characteristics that are inherited from parents and other ancestors.

Heterosexual — A person who is sexually attracted to or participates in sexual activity with members of the *opposite* sex.

Homosexual — A person who is sexually attracted to or participates in sexual activity with members of the *same* sex.

Hormones	Chemicals that are released into the blood from glands in the body and which tell various organs in the body what to do.
Identical Twins	Twins that develop from the same fertilized ovum or egg. They usually look very much alike.
Incest	Sexual intercourse and other sexual acts between closely related individuals.
Infant	A very young child, from birth to two years old.
Infection	The entrance, growth, and multiplication of bacteria or virus (both are types of germs) in the body. An infection that can be passed from one person to another is often called a contagious disease.
Inherit	To be born with, to get from one's parents.
Intercourse	During sexual intercourse, the male inserts his penis into the woman's vagina.
Irresponsible	Lacking responsibility, not careful or trustworthy.
IUD	Intra-Uterine Device, a birth control device inserted by a doctor into a woman's uterus to prevent pregnancy.
Jealousy	Envy, suspicion, possessiveness.
Labia	The "lips" or folds of skin on the outside of a girl's or woman's genitals (sexual organs). They protect the urethra and the vagina. There are both outer and inner labia.
Labor	The first stage of childbirth; powerful contractions (muscular movements) of the walls of the uterus.
Love	Affection, fondness, strong emotional attachment.
Lubricate	To become moist or wet.
Manual	Relating to the hands.
Marriage	Marriage is a legal and social contract between two people who plan to share their lives and to start and maintain a family and a home.
Masochist	A person who gets sexual excitement and satisfaction from being hurt.
Masturbation	Rubbing or touching one's own sex organs, often with the hands, to produce sexual excitement. May result in an orgasm.
Mature	To become fully developed, to reach maturity either physically, (sexually), mentally, or emotionally. All forms of maturity do not necessarily occur at the same time.
Medication	Chemicals used for the treatment of disease.
Menstrual Cycle	The monthly changes that take place in a woman's body, including the menstrual period, ovulation, the growth and expulsion of the uterine lining.
Menstruation	A woman's period. Stage of the menstrual cycle in which some of the inner lining of the uterus, along with a small amount of blood, leaves the body through the vagina.
Menopause	The point in a woman's life when she stops having periods. This usually occurs at 45 to 55 years of age.
Midwife	A health care professional who is trained to assist women in childbirth. A person other than a doctor (usually a woman) who can provide expert care and assistance with pregnancy and the delivery of babies.
Miscarriage	A natural forcing out of a growing embryo or fetus from the uterus, ending the pregnancy before the baby is ready to be born; also known as a spontaneous abortion.

Monilia	An infection that results in excessive growth of yeast in the vagina.
Mucous	A damp, slippery substance that is produced by the mucous membranes of the body.
Nausea	The urge to vomit (sometimes referred to as being nauseated).
NGU	Nongonococcal urethritis, inflammation of the urethra. A sexually transmitted disease caused by bacteria other than the gonococcus that causes gonorrhea.
Nucleus	The central, life-containing structure in a cell. A beginning from which something may later develop.
Nurse-Midwife	See Midwife.
Oral	Relating to the mouth. For example, an oral contraceptive is one that is taken by mouth.
Oral Contraceptive	Birth control pills ("the pill"). Artificial female sex hormones that prevent ovulation, i.e., the release of eggs from the ovary; taken to prevent pregnancy.
Orgasm	The pleasurable climax experienced by either men or women; the release of sexual tension and excitement. (Slang: "coming.") The male orgasm produces ejaculation.
Ova	Eggs; the female cells of reproduction. (Singular: ovum.)
Ovaries	Two reproductive organs in girls and women, located near the uterus, which produce female hormones and ova.
Ovulation	The time during a woman's menstrual cycle when an ovum is released from the ovary and begins to travel to the fallopian tube.
Pelvic Inflammatory Disease (PID)	A sexually transmitted disease, also called salpingitis. A common, serious infection that can affect the female reproductive system.
Peers	Persons in the same age group or class in school.
Physical Traits	Physical characteristics such as eye, hair, or skin color; height; etc.
Penis	The urinary and sexual organ of men and boys, which becomes erect during sexual excitement and enters the vagina during sexual intercourse. (Slang–dick, peter, cock).
Periods	Menstrual periods; the times when a girl or woman is menstruating.
Physical Examination	A medical checkup.
Pituitary Gland	A gland in the brain. It produces hormones that signal the sex glands to make other hormones, which bring on the changes of puberty.
Placenta	A structure that forms along the uterine lining after an ovum is fertilized and the embryo begins to grow. It provides nourishment and oxygen for the developing embryo and fetus, and removes wastes.
Pregnancy	In women, the condition of having an unborn child within the body. In the process of having a baby.
Premature	Before something is ready, or before it has finished growing. A baby that is born before it has been in the uterus for nine months; babies who have remained in the uterus for nine months (full term), but with very low birth weight.
Prescription	Medication or devices to be purchased and used only with a doctor's written permission.

Prostate	In men and boys, a gland that makes a liquid that combines with sperm and other liquids to form semen.
Prostitute	An individual who participates in sexual activity for money (Slang: whore, hooker.)
Puberty	The time in a young person's life when the sex organs become capable of reproduction and other body changes occur: the growth of breasts in women, the appearance of a beard in men, and the growth of pubic hair in both sexes.
Pubic Hair	Hair that grows around the genital area of adults and teenagers past puberty.
Pubic Lice	A kind of insect that looks like a tiny crab and may infest the pubic hair. A sexually transmitted disease.
Rape	Forcing a person to participate in sexual behavior against his or her will.
Rapist	A person who rapes another person.
Responsible	Being reliable and trustworthy, living up to one's obligations, knowing right from wrong.
Rhythm Method	A form of birth control in which sexual intercourse is avoided on days when fertilization is likely to take place.
Sadism	Getting sexual excitement from the pain of another person.
Salpingitis	See Pelvic Inflammatory Disease.
Sanitary Napkin	An absorbent pad worn over the vulva; used by women to absorb menstrual flow during menstruation.
Scrotum	The bag of skin which holds the two testicles.
Semen	A thick, sticky fluid that comes from the penis during orgasm or ejaculation. Semen is made of sperm mixed with liquids from the seminal vesicles and the prostate. (Slang: come.)
Seminal Vesicles	In men and boys, sac-like structures that make a liquid which mixes with sperm and with liquid from the prostate to make semen.
Sex Glands	In men and boys, the testicles (in slang called the balls); in girls and women, the ovaries. The sex glands produce hormones that bring on the changes of puberty.
Sexual Intercourse	The erect penis of the male entering the vagina of the female. Sexual behavior involving two people.
Sexuality	To be sexual; being a boy, girl, man, or woman.
Sexual Stimulation	Sights, sounds, or body sensations that bring on sexual excitement.
Sexually Transmitted Diseases	Diseases that may spread from one person to another by oral, anal, or manual contact with the genitals, as well as by penis/vagina contact.
Sonogram	Means "sound picture." A test for birth defects in which sonar waves are used to observe the growth and development of a fetus in the mother's uterus.
Speculum	An instrument used by health care personnel to examine the female reproductive system.
Sperm cells	Male reproductive cells; very small, swimming cells with long tails that are produced in the testicles, ejaculated from the penis in the semen, and may unite with an ovum to create an embryo that may develop into a baby. Also called sperm.

Spermicide	A substance that kills sperm.
Spirochetes	The type of bacteria that causes syphilis.
Sterilization	Any surgical procedure, usually permanent, that makes a male or female unable to reproduce, either by preventing the sperm from leaving the penis or eggs from reaching the uterus.
Sterility	In a woman, the inability to have children; in a man, to be unable to make a woman pregnant. For both sexes, the inability to reproduce.
Stillbirth	A fetus born during the third trimester, not mature enough to survive.
Symptoms	Evidence that a person has a disease.
Syphilis	A dangerous, sexually transmitted disease characterized by three stages.
Tampon	A cylinder of absorbent material inserted into the vagina to absorb menstrual flow during menstruation.
Testicles	Two glands in men and boys that are located in the scrotum. The testicles produce male hormones and sperm. (Slang: balls.)
Testosterone	A male sex hormone produced in the testicles; when released into the blood stream, testosterone triggers the beginning of the visible changes that indicate puberty or maturity.
Transsexual	An individual who feels trapped in a body of the wrong sex and strongly wants to have a body of the opposite sex. May change sexes through an operation.
Transvestite	A person who often dresses in clothes that are normally worn by members of the opposite sex; usually men who dress in women's clothing.
Transverse Position	The position of a fetus when it is lying sideways in the uterus, across the cervix. A baby in this position cannot be delivered vaginally, and must be turned by the physician or delivered by caesarian section.
Treatment	Medical care; medical help for an illness.
Trichomoniasis	A vaginal infection that is usually transmitted by sexual contact. (Slang: trich.)
Trimester	A three-month time period.
Tubal Ligation	A surgical sterilization procedure in which a woman's fallopian tubes are tied off to prevent future pregnancy.
Umbilical Cord	A tube that connects the placenta to the embryo. It carries nutrition and oxygen to the embryo or fetus and removes waste products from the uterus.
Urethra	In men and boys, a tube inside the penis; semen and urine leave the body through the urethra. In girls and women, a tube through which urine leaves the body.
Urologist	A doctor who is specially trained in human urinary systems and the male reproductive system.
Uterus	A female reproductive organ located in the abdomen; The place where a fetus develops and grows until birth. Also creates the menstrual fluid.
Vagina	In girls and women, a muscular canal leading from the uterus to the vulva. It receives the penis during sexual intercourse and conducts the baby to the outside at birth.
Vas Deferens	In boys and men, small tubes that carry sperm from the epididymus of each testicle to the ejaculatory ducts. The ejaculatory ducts then carry the sperm to the urethra.

Vasectomy	A surgical procedure in which a man's sperm ducts (vas deferens) are cut, leaving him sterile but still capable of sexual intercourse.
Victim	A person who is injured, hurt, or has a disease.
Voyeur	An individual who gets sexual excitement through watching other people involved in nudity or sexual activity.
Vulva	The external female genitals (slang, pussy, beaver).
Wet Dream	The ejaculation of semen from a boy's or man's penis while he is asleep; to "come" while sleeping. A wet dream is usually a sensual dream.
Withdrawal	An unreliable form of birth control in which the penis is withdrawn from the vagina before the ejaculation of semen, i.e., before the man "comes."
Womb	See "Uterus."

SUGGESTED SUPPLEMENTARY MATERIALS

The publications listed below are the work of their own authors and publishers and do not necessarily reflect the views of Gallaudet Pre-College Programs. They are suggested as possible supplements to sex education courses. We recommend that instructors and parents review the materials before presenting them to young people.

Books for Preteens and Teenagers

Balis, A., *What Are You Using? A Birth Control Guide for Teenagers.* Dial, 1981.

Bell, R., et al., *Changing Bodies, Changing Lives: A Book for Teens on Sex and Relationships.* Random House, 1980.

Betancourt, J., *Am I Normal? An Illustrated Guide to Your Changing Body* (for girls); and *Dear Diary: An Illustrated Guide to Your Changing Body* (for boys). Avon, 1983.

Boston Women's Health Collective, *The New Our Bodies, Ourselves.* Simon & Schuster, 1984.

Burgess-Kohn, Jane, *Straight Talk About Love and Sex for Teenagers.* Beacon Press, 1979.

Calderone, Mary & the editors of *Bride's* magazine, *Questions and Answers About Love and Sex.* St. Martins Press, 1979.

Claesson, B.H., *Boy, Girl, Man, Woman: A Guide to Sex for Young People.* Penguin, 1980.

Comfort, A. & J., *The Facts of Love: Living, Loving, and Growing Up.* Crown, 1979.

Fay, J. & Flerchinger, B., *Top Secret* (sexual assault). Network Publications, 1982.

Hamilton, E., *Sex With Love: A Guide for Young People.* Beacon Press, 1978.

Hansen, C., *Your Choice: A Young Woman's Guide to Making Decisions About Unmarried Pregnancy.* Avon, 1980.

Hettlinger, R.F., *Growing Up With Sex.* Crossroad/Continuum, 1980.

Hettlinger, R.F., *Your Sexual Freedom: Letters to Students.* Crossroad/Continuum, 1982.

Hunt, M., *What Is a Man? What Is a Woman?* Farrar, Straus, Giroux, 1979.

Johnson, E.W., *Love and Sex in Plain Language* (4th edition). Harper & Row, 1985.

Johnson, E.W., *Sex: Telling It Straight.* Harper & Row, 1979.

Kaplan, H.S., *Making Sense of Sex: The New Facts About Sex and Love for Young People.* Simon & Schuster, 1979.

Kelly, G., *Learning About Sex: A Guide for the Young.* Barrons Educational Series, 1976.

Langone, J., *Like, Love, Lust: A View of Sex and Sexuality.* Little Brown, 1980.

Lieberman, E.J. & Peck, E., *Sex and Birth Control: A Guide for the Young.* Harper & Row, 1981.

McCoy, K. & Wibbelsman, C., *The Teenage Body Book.* Pocket Books, 1979.

Morrison, E., et al., *Growing Up Sexual.* Van Nostrand, 1980.

Rodenberg, T., & Abbey-Harris, N., *The Birds, the Bees, and the Real Story: A Teenage Handbook on Sexuality.* Planned Parenthood, 1980.

Books For Children Age 7–10

Andry, A. & Schepp, S., *How Babies Are Made.* Time-Life Books, 1968.
Brooks, R., *So That's How I Was Born!* Simon & Schuster, 1983.
Cole, J., *How You Were Born.* Wm. Morrow & Co., 1984.
Freeman, L., *It's My Body: A Book to Teach Young Children How to Resist Uncomfortable Touch.* Planned Parenthood, 1982.
Gruenberg, S., *The Wonderful Story of How You Were Born.* Doubleday, 1973.
Levine, M.I., and Seligman, J.H., *A Baby Is Born.* Golden Press, 1978.
Nilsson, L., *How I Was Born: A Photographic Story of Reproduction and Birth for Children.* Delacorte, 1975.
Rayner, C., *The Body Book.* Barrons Educational Series, 1980.
Rushnell, E.E., *My Mom's Having a Baby.* Grosset & Dunlap, 1978.
Wachter, O., *No More Secrets for Me.* Little, Brown, 1983.

Free and Inexpensive Materials

From American Cancer Society, local offices.
- *How to Examine Your Breasts* (free). Information and self examination techniques.

From Educational Summaries, Inc., PO Box 941, Freedom, CA 95019.
- *VD: A Summary for Parents and Students* ($.50). Information on gonorrhea and syphillis presented in comic-book form, for older children and adults. May be available free or at reduced cost through state health division offices.

From National Parent Teacher Association.
- *How to Help Children Become Better Parents* (six pamphlets).
- *Today's Family in Focus* (eight four-page pamphlets).

From Optimist International, 4492 Lindell Blvd., St. Louis, MO 63108.
- *A Boy Today . . . A Man Tomorrow* ($.50). Comprehensive information about male puberty, with clear anatomical illustrations.

From Planned Parenthood (local addresses as given).
- *Decisions About Sex* (free). Answers questions, outlines good decision making. Planned Parenthood of Westchester, Inc., 88 E. Post Rd., White Plains, NY 10601.
- *Do You Care Enough?* (100 copies for $40.20). Discussion of birth control methods, with focus on responsibility. Planned Parenthood of Minnesota, 1965 Ford Pkwy., St. Paul, MN 55116.
- *The Problem with Puberty* (.60). Down-to-earth, humorous approach to puberty, body changes, and relationships, for teenage boys. Rocky Mountain Planned Parenthood, 1852 Vine St., Denver, CO 80206.

From U.S. Government Printing Office, Washington, DC 20402.
- *Family Planning Methods of Contraception* ($.35). Compares methods of birth control. DHEW Publication 76-16030.
- *The Hassles of Becoming a Teenage Parent.* Good advice for sexually active teenagers. DHEW Publication #77-5624.
- *The Man Who Cares.* Encourages shared responsibility for reproduction and contraception. DHEW Publication #75-16010.

Free literature, often containing useful health-care information, is often available from product manufacturers. Materials or lists of publications may be found at local physicians' offices, clinics, and drugstores.

For Reluctant or Limited Readers

Gordon, S., *Facts About Sex for Today's Youth.* Ed-U Press, 1982. *Facts About VD for Today's Youth.* Ed-U Press, 1983. *The Teenage Survival Guide.* Times Books, 1981.
"Ten Heavy Facts About Sex,"
"Protect Yourself from Becoming an Unwanted Parent,"
"VD Claptrap,"
"How Can You Tell if You're Really in Love?"
(Comic books for teenagers who dislike conventional materials). Ed-U Press.

Books for Parents

Aho, J.J. & Petras, J.W., *Learning About Sex: A Guide for Children and Their Parents.* Holt, Rinehart, Winston, 1978.
Bernstein, A., *The Flight of the Stork.* Delacorte, 1978.
Calderone, M. & Johnson, E., *The Family Book About Sexuality.* New York: Harper & Row, 1981.
Carrera, M.S., *Sex: The Facts, the Act, and Your Feelings.* Crown, 1981.
Fraenkel, J.R., *How to Teach About Values.* Englewood Cliffs, NJ: Prentice Hall, 1973.
Greenberg, S., *Right From the Start.* Houghton Mifflin, 1978.
Landers, Ann, *The Ann Landers Encyclopedia.* Doubleday, 1979.
Lewis, H.R. & M.E., *The Parent's Guide to Teenage Sex and Pregnancy.* St. Martin's Press, 1980.
Miller, J. & Pelham, D., *The Facts of Life.* Viking Penguin, 1984.
Oettinger, K.B., with Mooney, E.C., *Not My Daughter: Facing Up to Adolescent Pregnancy.* Prentice Hall, 1979.
Pogrebin, L.C., *Growing Up Free: Raising Your Child in the '80s.* McGraw Hill, 1980.
Teenage Pregnancy: The Problem That Hasn't Gone Away. New York: Alan Guttmacher Institute, 1981.
Yates, A., *Sex Without Shame: Encouraging the Child's Healthy Sexual Development.* Morrow, 1978.

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